

THE MEDICAL AND SURGICAL REPORTER.

No. 1531.]

PHILADELPHIA, JULY 3, 1886.

[Vol. LV.—No. 1.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MALARIAL HÆMATURIA.*

BY J. A. STAMPS, M. D.,

Of Wallaceburg, Ark.

This is a remarkable affection, and one about which all of the text-books which have been at my command say very little. It is characterized by the occurrence of one or more rigors, followed in the course of a few hours by a discharge from the kidneys of urine loaded with blood. It seems to have been tolerably clearly known as early as 1832 by Elliotson (in *London Lancet*, 1832, p. 500), while an article appears in the *Medical News and Hospital Gazette* of New Orleans, by an unknown author, in which he dates a case of hæmaturia as far back as 1820, and in his remarks on that and other cases, says: "Whether hæmaturia, more than epistaxis, menorrhagia, or any other of the bloody profuvia, be the result of that bugaboo, miasmata, is questioned," yet from the fact that it occurred in a miasmatic region (Mississippi), as he admitted, and at a time of the year (September) when the various manifestations of malarial poisoning are most prevalent, one would readily infer that it was strictly of malarial origin.

Notwithstanding the occurrence of cases at so early a period, the first complete report of an undoubted case was not published till 1854, by Dressler (in *Virchow's Archiv.*, Bd. 6, S. 264, 1854).

The majority of the vast number of cases which have been reported in the different medical journals and periodicals have oc-

curred in persons living near low-lying marshy ground, often situate upon rivers or lakes, and from the fact that in every instance of the literature that is in my possession regarding the matter, the cases have occurred at a time of year when other malarial affections were most prevalent, and that the most virulent and intractable forms of this disease occur in districts the subject of other malignant forms of malaria, and again, from the fact that a majority of the persons attacked give a history of having been the subjects of some form of ague for a period of time varying with each case, I am led to look upon malaria as the main factor in its causation.

There is in this disease (as is the case in inter- and remittent fevers) two degrees of intensity, to wit, a mild form in which all the symptoms are of only moderate intensity, and quite a number of symptoms hereinafter to be described are absent, and a more malignant form, in which all of the symptoms are of an aggravated character, and attended with great prostration, etc. This latter seems to be most frequently met with in the Southern States of our country, and in fact in all countries the subjects of other malignant forms of malarial diseases. In neither degree of the disease is it essential that the red blood corpuscles should be present, as they may be represented by their coloring matter, hæmaglobin, hæmatin, alone or in conjunction with all the constituents of a blood cell in a degenerated state.

In speaking of hæmaglobin in his *Physiology*, p. 429, Foster says: "Since it is soluble in serum, and since the identity of the crystals observed occasionally within the corpuscles with those obtained in other ways,

* Read before the Hempstead County Medical Society.

shows that the hæmaglobin, as it exists in the corpuscles, is the same thing as that which is artificially prepared from blood, it is evident that some peculiar relationship between the stroma and the hæmaglobin must, in natural blood, keep the latter from being dissolved by the serum. Hence, in preparing hæmaglobin, it is necessary, first of all, to break up the corpuscles." Now, as corpuscles are rarely detected in the urine of these cases, it is evident that some unknown morbid principle is brought to bear on the corpuscles, which proves fatal to their identity as such before they reach the microscopist.

As the treatment of the two varieties is pretty much the same (the milder form of course requiring less heroic measures than the malignant), and from the fact that the malignant type is so much the more important of the two, a careful study of that form will be of most interest to us.

Of three cases occurring in this vicinity during the past year, two were males; and from the reports of quite a number of cases coming into my possession, I find that its preference for males over females is as four to one.

Symptoms.—As before stated, they are usually able to recall a history of exposure to malaria, and the majority of cases have suffered from more or less distinct attacks of inter- or remittent fever. Some patients complain of an aching in the loins, uneasiness in the region of one or both kidneys, and a feeling of fullness in the stomach and lower part of abdomen for some time prior to the attack, or the attack may be ushered in by a rigor of varying intensity, the patient complaining of chilliness and a dull dragging pain across his loins, the latter condition speedily passing into a more or less severe aching, and an uneasy sensation of fullness in the region of one or both kidneys and lower part of abdomen, attended with pallor or duskiness of surface, shrinking of skin, pinched features, and severe rigors, together with which there is usually a feeling of weakness, aching of limbs, extreme nausea and vomiting, retraction of testicles, yawning and respiration modified after the order of sighing. Pulse accelerated, small, and compressible. Temperature at the beginning may be subnormal, but in a few hours rises to from 100° to 105° F. There may be diarrhoea or constipation.

After the patient has been in this condition for a period of time varying from half an hour to four or five hours, he is very much astonished to find on passing water that the fluid is of a very dark color, vary-

ing from a bright wine to a porter or black color. The discharge of this peculiar-colored urine may be intermittent or continuous.

In a very short time the skin of the entire body assumes a deep yellow color, and continues thus till there is a decided improvement in the general condition of the patient, and till the urine is free from the coloring matter.

Some attribute this to a disturbance of the hepatic function and a dissemination of the bile pigment through the system, while I am of the opinion that it is due to the presence of the coloring matters of the blood which have escaped into the tissues in small quantities. We well know that during the course of an injury to any part of the cutaneous system with an extravasation of blood, the tissues assume a yellow hue, and in this disease there is a striking resemblance to the yellow color left by a bruise with an extravasation.

Foster's Physiology, p. 434, in dealing with hæmaglobin, writes: "In the unreduced hæmaglobin or oxyhæmaglobin, the potent yellow which is blocked out in the reduced hæmaglobin makes itself felt so that a very thin layer of hæmaglobin, as in a single corpuscle seen under the microscope, appears yellow rather than red."

Green's Pathology, page 100, in speaking of pigmentation, says: "Soon after the extravasation has taken place, the hæmaglobin escapes from the red blood corpuscles, either by exudation or by destruction of the corpuscles, and mixed with the liquor sanguinis, infiltrates the surrounding tissues."

Green's Pathology, page 101, in speaking of the different methods by which hæmaglobin infiltrates the tissues, says: "In whichever of these ways the hæmaglobin is derived it infiltrates the tissues, staining both the cells and intercellular substance of a yellowish or brownish-red color.

"Besides, hæmatoiden, which is derived from hæmaglobin, appears to be closely allied to the coloring matter of the bile, bilirubin, which is also a derivative of hæmaglobin. It exhibits similar reactions when treated with concentrated mineral acids, displaying the same variations of green, blue, rose, and yellow colors."

By consulting Foster's Physiology, p. 57, you will find the following, to wit: "But hæmatoiden, not only in the form and appearance of its crystals, but also as far as can be ascertained by the analysis of the small quantities at disposal, in its chemical composition is identical with bilirubin, the primary pigment of the bile."

Thus we can readily see how any one, no matter how careful in testing, may err by supposing the peculiar discoloration due to bile instead of blood coloring matter.

Physical and Chemical Characters of the Urine.—The urine is usually acid in reaction, rarely alkaline, though it may be neutral. In some cases almost odorless, in others very offensive. Specific gravity varies between 1010 and 1030. It always contains the blood coloring matters in a varying quantity, which colors the urine from a slight tinge to an almost black hue, the darker color being characteristic of the more malignant form of the malady. A test for the presence of blood consists in adding to a small quantity of the urine a few drops of a mixture of equal parts of trs. turpentine and guaiac., which if blood be present imparts a blue color to the mixture. The urine upon standing for a short while throws down a deposit varying in quantity according as the amount of coloring is small or great. This sediment consists principally of a large quantity of albumen, together with granular and hyaline casts of the uriferous tubules, and probably granular urates and crystals of oxalate of lime, but in place of blood corpuscles (which are rarely found, and if detected are in small numbers), presents abundant brownish granular matter, which is certainly the result of a retrograde metamorphosis of the red blood corpuscles, for by applying micro-chemical tests, the blood-coloring matter can be detected beyond a doubt.

If a strong solution of hæmaglobin be treated with acetic (or other) acid, a brown color is observed from the appearance of hæmatin, and upon adding ether to the mixture and shaking the hæmatin rises into the supernatant ether, which it colors a dark red, and which examined with a spectroscope is found to possess a well-marked spectrum, the so-called acid hæmatin spectrum of Stokes.

Another test for yielding Teichman's hæmin crystals consists in placing a drop of the sediment upon a glass slide of a microscope, and allowing it to dry, then mix thoroughly with a few bits of sodium chloride, and cover with a glass or mica cover, under which allow two or three drops of glacial acetic acid to pass; now carefully warm the slide for a few seconds over a spirit lamp, and when most of the acetic acid has evaporated, examine microscopically. If proper care has been taken in preparing it, and if the blood-coloring matter be present, hæmin crystals will be seen forming as the mixture cools.

Prof. James Tyson, of Philadelphia, in a paper read before the Pennsylvania State Medical Society for 1883, a reprint of which he kindly sent me, and for which I am greatly obliged, as it has been of much service to me in preparing this article, says in the matter of the presence or absence of blood discs, it is to be remembered that these may be present at the moment the urine is passed, but disappear by subsequent solution if the urine happen to be alkaline, or become so secondarily. It is an interesting fact, too, that the colorless blood corpuscles are often present intact, even when the red discs are absent.

Now, if we accept Hayyem's views of the origin of the red blood corpuscles; there would be nothing more conclusively proven than that the granular matter is derived from a degeneration of the red corpuscles; for we well know that very shortly after the urine is voided it begins to undergo decomposition, and during this process various chemical changes are wrought, and in this way the morbid principle above spoken of is produced, or this poison existing in the blood and acting on the corpuscles, as they are circulating through the vessels, proves fatal to a varying number of them previous to their escape from the vessels.

To determine the presence of albumen in the urine, it will be necessary to add to a quantity of urine in a test tube, and if the urine be not acid, render it so by adding a small amount of acetic acid and boiling. If albumen be present it renders the fluid cloudy, according to the amount present, which, when set aside, settles as a sediment. The height it occupies in the test tube forms an approximate estimate of the amount of albumen present (it would be well enough to add a drop or two of nitric acid after boiling, to insure the solution of any earthy phosphates which may have existed). The quantity of albumen will vary from a mere trace to as much as one-half of the entire quantity of urine passed, and some allowance will have to be made as to the quantity in these cases, as the coloring matters of the blood are carried down with the albumen.

As these are the most important abnormal constituents of the urine in this disease, it will not be necessary to say more on the subject, so we will now turn our attention to the pathology, which is somewhat obscure, and as I can find nothing very definite nor elaborate regarding its pathology, my deductions will be from a wholly theoretical standpoint.

It has been regarded by some as a disease of the blood alone; others say that it is an affection exclusively of the kidneys, while

yet a third class are of the opinion that it is a disease of the blood and blood vessels impairing the integrity of both—and with this latter class I fully agree. To say that it is a disease of the blood alone would be far short of explaining the cause of the kidneys alone being the subject of such a profuse hemorrhage; and on the other hand to say that it is solely an affection of the kidneys would lead us to equally as great an error in accounting for the peculiar yellow discoloration of the skin of the entire body, which condition is undoubtedly due to an abnormal condition of both blood and blood vessels.

Mr. Green, in his admirable work on Pathology, in speaking of pigmentation, page 100, says all true pigment is derived from the blood, and in another place he says, "In the pathological process also, the pigment is derived from the same source, although its presence in the tissues is rarely dependent upon any abnormal secreting powers in their cellular elements, but is usually the result of certain changes in the circulation or in the blood vessels, owing to which the coloring matter of the blood escapes and infiltrates the surrounding parts."

Now, the fact that in persons the subject of ague there is degeneration of red blood corpuscles resulting in the formation of pigment granules, shows very clearly that there is an abnormal condition of the blood; and these granules being carried through the circulation and acting directly on the blood vessels eventually, when in sufficient quantities and long-continued, induce an unhealthy state of the blood vessels also.

For a proper understanding of this peculiar affection we will necessarily have to turn our attention for a while to a consideration of some of the pathological processes of other forms of malaria. The result of the action of malarial poison probably varies a good deal, according to the idiosyncrasy of the individual attacked, as well as the amount and degree of virulence of the poison itself. Just as in some individuals a moderate dose of morphine produces quiet repose, while in others it causes extreme wakefulness and restlessness, so may this poison excite now a disturbance of innervation, now a disturbance of circulation. The only constant lesion discoverable after death from malaria is enlargement of the spleen. This organ becomes distended with blood to many times its normal size, and if the patient die when the attack is recent, it is found to be large and congested; the liver, too, is commonly, to some extent, enlarged and increased in bulk.

Congestion of neighboring parts of the

alimentary canal has also been observed, and it may be added that in hemorrhagic cases traces of hemorrhage at mucous surfaces and beneath the serous membranes may be discovered.

Enlargement and induration of the spleen and liver are among the most common results of long continued or repeated attacks of ague, or of long residence in malarious districts.

Another change to which these organs are liable is a peculiar dark or slaty discoloration due to disintegration of blood corpuscles and their conversion into pigment granules.

In the liver this is generally referable to the changes which occur in minute extravasations of blood into the capsule of Glisson, and the hepatic parenchyma in the spleen to similar changes going on in the blood which occupies the intermediate blood-passages.

The pigment is apt to escape from the spleen and enter the general circulation and become arrested in the capillaries of different organs, more especially the liver, brain, and kidneys, and thus not only cause them to become pigmented, but interfere more or less with their nutrition, and thus induce various organic and functional disturbances. Now, why the poison acts as it does and upon what particular organ or organs it acts, is not positively known; but from the various disturbances caused by it there is good reason to believe that (whether it is by direct or indirect action) its main effects are produced through the agency of the sympathetic system of nerves; and from the various troubles, as diarrhoea, dysentery, splenic and other enlargements produced, we are led to the conclusion that the action of malaria on the vaso-motor centres is mainly paralyzing. The disturbances which shall engage our attention will be those concerned in the circulation.

Supposing the heart to act normally, it is obvious that with a constant blood mass the total capacity of the vascular system must be kept within certain limits. It may easily dilate so as to contain all the blood (as the abdominal veins alone would do after section of the splanchnics), when the heart would receive none, or the arteries may contract so as more or less completely to stop circulation by driving all of the blood into the veins. Now between these two extremes there is a state of the vascular system corresponding to any given heart force, which is most favorable for the circulation. This is normal tonus. It is the province of the vaso-motor system of nerves to maintain this re-

lation between the heart and its vessels. Enlargement of the vascular system, whether due to general or local diminution of vascular tonus, slows circulation.

Diminution of capacity of the vascular system in moderation would, as a matter of course, quicken it in cases of local increase of tonus; the blood, which the more or less anæmic part should contain, is thrown into the system at large, and raises blood-pressure until the vaso-motor system causes other vessels to dilate compensatorily so as to receive both their own blood and that of the contracted vascular area.

Arterial tone, then, both general and local, is a powerful instrument for determining the flow of blood to the various organs and tissues of the body, and thus becomes a means of indirectly influencing their functional activity.

Far more important, however, than the maintenance of a normal tone, which, indeed, might at once and forever be arranged by the proper natural calibre of the elastic blood-vessels, is the power which the central nervous system possesses of varying the tone of this or that artery, or group of arteries; of increasing it or of diminishing it if producing constriction or dilatation, and of thus affecting changes in general or local blood-pressure, or in both, and consequently of determining a flow of blood in this or that direction according to the needs of the economy. And the exercise of this carefully-arranged manipulation of the muscular walls of the arteries may be called forth in either direction in the way of constriction or dilatation by means of nervous impulses, either originating in the central nervous system itself or started by afferent impulses passing up to the central nervous system from some sentient surface.

The presence of pigment granules which enter the circulation from the spleen and liver and are carried by the blood current to the various organs, principally the brain and kidneys, by acting on the central nervous system induces disturbances of the circulation, besides the local effects produced upon the vessels of different areas by their presence. Foster's Physiology, p. 263, says: "It is more than probable that many substances introduced into the blood, or arising from natural or morbid changes, may affect blood-pressure by acting directly on the nervous centres."

We are all well aware of the fact that though a local tone may exist independently of the central nervous system, the condition of the numerous vascular areas in the living

body in a normal condition is arranged and variously modified in order to meet the passing demands or permanent needs by the central nervous system through the agency of the vaso-motor nerves.

Foster's Physiology, p. 276, writes thus: "The tone of any given vascular area may be altered positively in the direction of augmentation (constriction), or negatively in the way of inhibition (dilation), quite independently of what is going on in another area. The change may be brought about by (1) stimuli applied to the spot itself and acting either directly on some local mechanism or indirectly by reflex action through the general central nervous system; (2) by stimuli applied to some other sentient surface and acting by reflex action through the central nervous system; (3) by stimuli (chemical blood stimuli) acting directly on the central nervous system."

Now, in this condition we know that during the rigor the cutaneous vessels are constricted, and no fact in the economy of man is oftener or more strikingly brought home to us than the close relation existing between the skin and kidneys as far as their secretions and blood-supply are concerned, and this relation undoubtedly seems to be under control of and maintained by the vaso-motor system of nerves; thus, when the skin is cold and pinched its blood-vessels are, as we know, constricted, and by this causing an increase in the general blood-pressure, and this leading to compensatory dilatation of the arteries of other vascular areas, and from the fact of the close relation existing between the skin and kidneys, it is clear that the renal vessels would dilate and an augmentation of the flow of blood through these vessels would be the inevitable result.

Now, taking it for granted that there is a paresis of the vaso-motor nerves supplying the kidneys, we would expect an increased flow of blood greatly in excess of the amount which would otherwise occur; and in addition to this, the presence of pigment granules in the blood would be capable of bringing about an abnormal condition of the blood-vessels; and admitting it as proven that there is an increased flow of blood to the kidneys, and from the fact that they are largely concerned in the removal of the effete substances from the blood, we would naturally expect to find a somewhat greater amount of pigment in the blood going to these organs; and this, by acting directly on the renal vessels, would, if in sufficient quantities and long continued, greatly impede the circulation through them, and cause a consid-

erable amount of irritation. Thus, by the impediment to the flow of blood there would be a slowing of the circulation, and still further dilatation of the vessels, and from the irritation caused by the granules there would be an attempt made by the secreting epithelium to throw them out of the circulation.

Foster, in his *Physiology*, p. 575, in speaking of the artificial excitement of the flow of urine, by injecting urea, etc., into the blood, says: "The most natural way of explaining the phenomena is to suppose that the presence of the substances in the blood excites the renal epithelium to an unwonted activity, causing them to pour into the interior of the tubules a copious secretion, just as the presence of pilocarpine in the blood will cause the salivary cells to pour forth their secretions into the lumen of their ducts. Thus we are led to the conclusions that the so-called malarial poison acting on the blood causes either an abnormal formation of pigment or degeneration of the red blood corpuscles and their conversion into pigment-granules, and that these circulating through the vaso-motor and other nervous centres set up an unhealthy condition, and if in sufficient quantities, or long enough continued, results in a paresis of these centres, particularly those centres governing the internal organs, and furthermore, that the pigment granules (as well probably as the malarial poison) acting as an irritant to the blood vessels, cause them, after a varying period of time, to lose their power of retaining the blood coloring matter. And again, as it is the office of the kidneys to remove these waste products from the blood, and from the fact that their secreting activity is more markedly affected by the amount and condition of the blood passing through them than most any other organ, or from a peculiar idiosyncrasy of the individual, the brunt of the mischief falls on the kidneys.

(To be continued).

DEDUCTIONS FROM NINETY-ONE (91) CASES OF RHEUMATISM.*

BY WILLIAM A. EDWARDS, M. D.,

Member of the Committee, Instructor in Clinical Medicine
and Physician to the Medical Dispensary in the University of Pennsylvania, Physician to Saint Joseph's
Hospital, etc., etc.

The study of disease by the collective method is of value in direct proportion to the number and character of the replies that

are received. When we compare the report of the above committee to that of the committee of the British Medical Association, in which, for instance, 1066 cases of pneumonia are tabulated, it will at once become apparent how extremely valuable these reports may be made when vast numbers of cases are recorded from which reliable conclusions can be derived; still a careful perusal of these ninety-one cases will amply repay one for the time and thought expended.

Sex appears to have presented a direct predisposing cause to the disease, as of the cases reported 58 were males and 32 females,* thus again establishing the well-known statement of the books that acute rheumatism is more frequent in men than in women, an undisputed fact for many years, as Hippocrates in his *Aphorisms* states that women are less liable than men; but as we shall see later, the report seems to disprove the statement that this is due to the fact that men are more exposed to the influences producing it, and not because of a greater susceptibility to the disease; we shall also see that the greatest number of cases are recorded among "housekeepers," an occupation in which it would be an extremely difficult matter to establish any special relation to rheumatism. Again, among the males we find that the greatest number of cases are recorded among "farmers," once more a business that is not nearly so exposed as others recorded in the report, and would not seem to offer such a predisposing environment as, for example, an "ironmonger," a "puddler," a "miner," or a "daily laborer." It would most certainly seem that an occupation that entailed protracted exposure in damp apartments (miner), or exposure of the body to cold or wet when in a perspiring state (puddlers), would be a decided exciting cause; yet the report does not bear this out, but it does show in a striking manner the frequency with which rheumatic attacks follow ordinary exposure to cold or to chilling the superficies of the body in those of the rheumatic diathesis.

The rationale of these attacks would seem to be that during the use of the body, *i. e.*, the muscles, lactic acid and acid potassium phosphate are produced, and when the body is chilled, the elimination of these matters is stopped, hence an accumulation occurs, and with it the resulting rheumatic outbreak. It is proper to state, however, that Reyher† does not regard the accumulation of the acid in the blood as a cause of rheumatism,

* Being a consideration of the report of the Committee on the Collective Investigation of Disease of the Medical Society of the State of Pennsylvania.

* One case sex not stated.

† Virchow's Arch., vol. xxi., p. 85, quoted by Bartholow.

Prout and Richardson, however, are as firm advocates of the affirmative side of the question, the latter having demonstrated the fact that injections of lactic acid are followed by endocarditis, and that its medicinal administration in diabetes has in various instances apparently caused a rheumatic inflammation of the joints.

The relation of the use and abuse of alcohol in its various forms to the disease is of sufficient importance to claim our attention.

While the returns in this matter are not as full or concise as we all would desire, still they are sufficient for the purpose, and show that restriction in the use of alcoholic stimulants is requisite to the welfare of a rheumatic. Sir Thomas Watson so aptly remarks that the instances are not few of men of good sense and masters of themselves, who, being warned by one visitation of the gout, have thenceforward resolutely abstained from rich living and from wine and strong drink of all kinds, and who have been rewarded for their prudence and self-denial by complete immunity from any return of the disease, or upon whom at any rate its future assaults have been few and feeble. "I am sure it is worth any young man's while who has had the gout to become a teetotaller."

To return to the report, we find that four (4) of the males are recorded as "intemperate," and that none of the females are so recorded. Thirty-four cases are stated to be "total abstainers," and fifty-one cases "temperate." The nature of the attack in these cases would show to a certain extent the effect or non-effect of alcohol upon the disease.

Of the total abstainers, we find that eleven were subjected to a moderate attack and thirteen to a severe. Of the fifty-one temperate cases, twenty had a moderate attack and thirty-one a severe. Of the alcoholics (four) one had a moderate attack and three a severe.

In one temperate case and in one total abstainer the nature of the attack is not stated.

To consider this matter more closely, we notice an apparent contradiction in the fact that of the non-alcoholics nearly twice as many are noted to have had a severe attack as compared to those recorded as "moderate;" this is due to the small number of returns, as when we compare the nature of the attack in the intemperate, we find the ratio of severe to moderate as one is to three.

It seems, then, to be established, by this report, that over-indulgence in alcoholic liquors will, if associated with certain other conditions already referred to, undoubtedly give rise to or be a decided ætiological fac-

tor in the production of an acute attack of rheumatism.

It does not seem to be of much importance which of the liquors are used, but the amount of alcohol contained therein is of great significance. The mischievous effect of liquors appears to be in direct proportion to the amount of alcohol which they represent; it is a somewhat general statement that the stronger wines, as port, sherry, and madeira, are much more injurious in this respect than the lighter wines, as hock, sauterne, or moselle. By many, malt liquors are considered the most injurious, but the question as to which is the most or least desirable is still *sub judice*.

An inquiry regarding the food elicits the fact that of the ninety-one cases, but one had "insufficient" recorded. This patient, a woman, æt. 46, housekeeper, had been exposed to wet and cold a few days before the attack, which was moderate in character, lasting ten days, from which she made a perfect recovery, with, however, a slight persistence of the disease in three joints.

The effect of climate upon the disease, as shown by the report, is that the greatest number of cases occur in "high, dry, exposed" localities, with the atmosphere "damp, wet, and cold," and with the wind blowing from either the west or northwest; this, remember, is the climatology of Pennsylvania alone in relation to the disease, as the cases are taken from the various towns, cities, boroughs, villages, and hamlets throughout the State.

Among the *predisposing* causes may also be added exposure to over-fatigue which occurred in sixteen males and five females; in four of the former and two of the latter the fatigue was sudden. Shock preceded the attack four times—three times in males and once in females.

Age appears to bear no particular relation to the disease, as the youngest case was nine months, and the oldest sixty years. Again, a severe attack is noted in a child æt. ten months, and a mild one in a man æt. sixty years. The investigation of the condition of the *peri- and endocardium* in the series of cases becomes indeed an interesting part of our study. The known tendency of the rheumatic poison to these membranes, let it be what you will, adds renewed interest to their consideration.

The condition of the circulatory apparatus was noted in twenty-four cases, an extremely small relative proportion, if it represents the true relation of the occurrence of cardiac complications in the ninety-one cases.

In fourteen instances was the pericardium attacked; twice was the mitral valve diseased. One observer notes "a distinct murmur during the attack, with apex beat lowered to seventh interspace." Four cases are recorded as having "heart disease, before, during, and after attack, with pericarditis, murmur, and lowering of apex beat." Two cases of murmur following the attack are placed on record. One case of pericarditis, which existed previous to the attack, was not apparently affected by the rheumatic complication. One somewhat extraordinary case is noted of "pericarditis only during attack, with lowering of apex beat."

The cutaneous system was but rarely affected; the following skin eruptions are recorded: Erythema 2, eczema 2, and one example of these eruptions: papular, blebs, herpes, sudamina, furuncles, roseola (after attack). Subcutaneous nodules are recorded as occurring but in seven (7) cases.

Without further comment upon special symptoms, we will proceed to a consideration of the methods of *treatment* pursued by the various observers. That most usually advocated is the general plan of therapeutics, comprised under the somewhat comprehensive term of "alkaline." Salicylic acid and the salicylates, followed by, or combined with quinine, seems to have been a very efficacious combination. Salicylate of ammonia is an alkali worthy of special mention, on account of the happy combination of the two drugs, particularly in asthenic cases. The iodide of potassium was exhibited in many cases with apparent happy results. One reporter is an advocate of frequent catharsis; another, of vapor baths. Again, we note the advocacy of cold sponge baths; leeches were also applied. The efficacy of dietetics was proven by the frequent happy recourse to a "milk diet." Mercurial inunctions and the faradic current in two instances appeared to prove beneficial. Tincture of the chloride of iron during convalescence, in many instances, apparently hastened a more speedy return to the normal blood crasis. An observer reports that "the rheumatic list in the *materia medica*" was exhibited to his patient without any apparent amelioration of the symptoms. Again, a plan of treatment styled as "anti-rheumatic," is reported. Opium was in many cases the keystone of the treatment; indeed, few cases are recorded in which the drug was not exhibited at some time during the course of observation.

The following drugs are reported as having been used with varying success, and upon scanning the list we will notice that the drugs

exhibited are almost as numerous as the number of cases recorded: Digitalis, gaultheria, soda biborat., sulphite of soda, iron, cod liver oil, vin. colchicum, pulv. ipecac et opii, pot. carb., magnesia sulph., jaborandi, aconite, veratrum viride, nitrate, citrate, and acetate of potash, lemon juice, fluid extract cimicifuga, hydriodic acid, potas. et sodæ tart., hyoscyamus, gelsemium, mass, hydrag., fl. ext. manaca, guiac. citrate lithia, sulph. codeia, coto bark.

1504 Walnut St., Phila.

COUNTER PRESCRIBING.*

BY MR. J. W. RIDPATH,
Of Jenkintown, Pa.

Having been appointed to present a subject for discussion, I have concluded to present one upon which we will not all hold the same views. One-sided debates are not usually very spicy. There are usually some points in which our views antagonize. To bring out these opposite views, and allow a free discussion from opposing forces, may benefit all parties in a manner similar to the rounding and polishing of pebbles by rubbing against each other.

Recognizing that a subject for discussion should have two sides, I have concluded to present the overlooked side of a subject much talked of by physicians, viz.: "counter prescribing."

After looking at the pros and cons of this subject for years, your correspondent is compelled to conclude that the subject is mostly agitated by persons not familiar with all of its difficulties; and who might, if circumstances were changed, do no better, but a great deal worse, if placed behind the apothecary's counter.

That some prescribing, outside of that done by physicians, is indispensable in the present age, is shown by the vast number of receipts for "cures" of different kinds published in the family newspaper, and by the great number of such clippings carried about in pocket-books.

In a store where counter prescribing is at what is believed to be a minimum, averaging about ten cents per day, or less, it has been noticed that calls for such treatment have gradually fallen off, and at the same time the calls for articles to make domestic cough remedies, tonics, and cholera cures have steadily increased, showing that the public will either be prescribed for over the

* Read before the Adjunct Montgomery County, Pa., Medical Society.

counter or prescribe for themselves. Or, to put it in another form, a large number of persons will not call upon a physician for advice unless they are sick enough to go to bed. And is it to be wondered at? Do not these same people do their own repairing in many other ways; patch their own clothes, darn their own stockings, repair their own harness, do odd jobs of painting, carpenter work, paper-hanging, and a thousand other kinds of mending? It is therefore not surprising that they should occasionally try an odd job of repairing the human form divine.

To show where counter prescribing is done, the following experience of an apothecary who spent eighteen months as head clerk in a store owned by a physician is submitted:

"The proprietor of the store knew nothing about pharmacy. I was given one assistant. The unwritten, but well-understood rule of the store, was to let no patient escape without treatment. Everything was prescribed for, from a slight cold or a cut finger to fever and ague or passing the catheter. The surgical cases were numerous, and frequently serious; gonorrhoea and syphilitic cases frequent; slighter ailments of daily occurrence. In the absence of the proprietor, which was about two-thirds of the time, I was expected to prescribe, and became quite popular with some of the customers, who preferred my medicine to that of the 'other doctor.' One lady asked me to attend her in confinement, and seemed much hurt at my declining to do so. In my absence, the assistant was expected to, and did prescribe for all comers, it being well known that if not supplied with medicine they would go to one of the neighboring stores, which were also owned by physicians, who had the reputation of prescribing for every applicant."

Now, the writer happens to know this physician; and that he holds a diploma as "Doctor of Medicine," and one as "Doctor of Philosophy," from one of the best universities in the country; also that he was recognized and met in consultation by other reputable physicians; also that he was a member of a reputable family. He, therefore, believes it fair to infer that the counter prescribing done in the store of such a physician would not be in excess of that done in other medico-pharmacies. Six other stores, known to the writer, owned by physicians, are probably little else than prescribing shops. The proprietor of one, in which, probably, the least is done, has actually visited the sick in their homes at times when they were too ill to visit him in the store. And yet he claims not to practice medicine.

The proprietor of another said of a neighboring practitioner: "What do I care for his boycotting; my counter prescribing is worth more to me in one week than his prescriptions in three months."

It is, therefore, the opinion of your correspondent, that the evil of counter prescribing, so much cried out against, is chiefly confined to physicians, who, for lack of practice, advancing age, or disinclination to continue the practice of a visiting profession, have entered the druggists' ranks for the express purpose of prescribing for the sick who visit them; and that the sin is unjustly placed to the discredit of the regular apothecary, who is usually loth to prescribe, except in emergent cases—while those medical druggists are counter prescribers by choice, and not only give medicine to the patient who is able to visit the store, but send remedies to the bed-ridden patient at home.

MEDICAL SOCIETIES.

TRANSACTIONS OF THE PITTSBURGH OBSTETRICAL SOCIETY.

Reported by the Secretary, Frank McDonald, M. D.

Stated meeting, May 6, 1886, J. P. Sterritt, M. D., in the chair.

After the usual order of business, Dr. R. S. Sutton presented the following specimens removed by laparotomy in his private hospital:

1. Pyosalpinx following an attack of pelvic peritonitis in a strumous patient. Right ovary and tube.

2. Enlarged ovaries and tubes from a case of chronic ovaritis, salpingitis, and peritonitis.

3. Enlarged ovary and occluded Fallopian tube from a case of chronic ovaritis, salpingitis, and peritonitis following laceration of cervix uteri in labor. Right ovary and tube.

4. Ovaries and tubes from a case of chronic ovaritis and salpingitis.

5. Ovaries and tubes from a case of peculiar nervous disturbance. Small dermoid cyst, size of chestnut, in one ovary.

6. Fundus uteri and empty cysts the walls of which were thick and vascular, and attached to the uterus.

7. Fundus uteri and both ovaries from a young woman with incurable hysteralgia and horsehoe-formed uterus.

8. Ovaries and tubes from a case of hydro-salpingitis; ovaries enlarged and tubes distended with serum.

9. Enlarged ovaries and tubes from a case of chronic ovariitis, salpingitis, and pelvic peritonitis.

Of all these nine cases but one patient died, viz., the case No. 8, hydrosalpinx. This patient died of uræmic poisoning a week after operation. Dr. Sutton in his remarks on these cases covered the grounds of recent advances in pelvic surgery so satisfactorily, that at the close he was accorded a unanimous vote of thanks for his remarks, and many congratulations for his success.

Dr. X. O. Werder then read a paper on

Prolapse of the Umbilical Cord.

The child in utero is entirely dependent on the blood of the mother, carried to it through the umbilical cord. Anything interfering with the normal transmission of this vital fluid through this channel between mother and child results very seriously to the life of the latter. It is for this reason that prolapse of the cord is so fatal to the child during birth. According to Scanzoni only 45 per cent., and to Churchill 47 per cent., of all infants thus born are saved. Death in these cases is produced by compression of the blood-vessels of the funis and interruption of the foetal circulation, causing asphyxia of the child, as the result of which we find post-mortem hyperæmia of the brain and liver, ecchymosis on the pleuræ and pericardium, etc.

Prolapse of the umbilical cord may be caused by any circumstances which prevent the presenting part accurately fitting the pelvic brim. It is therefore much more common in face, breech, foot, or shoulder than in vertex presentations, but it is in the latter position that the child's life is in greatest danger, because in vertex presentations the head fills the pelvis more completely, and, therefore, subjects the cord to much greater pressure than is the case with other presenting parts. Another very frequent cause is a contracted pelvis, especially contraction of the conjugate diameter of the brain, and other deformities by which the vertex is prevented from readily engaging at the pelvic inlet. Hydramnios, premature escape of amniotic fluid, undue length of the cord, low insertion of placenta, etc., are also frequent causes of prolapsus funis.

The frequency varies greatly according to the statistics of different authors. Churchill gives 1 : 240; Scanzoni 1 : 254, and other authorities even 1 : 90; the difference probably being due to the fact that the latter have included all positions, while the first speak only of vertex presentations.

The diagnosis of this complication is generally very easy, especially after the rupture of the membranes. Before they are ruptured, however, principally during a pain, when they are very tense, it may be a little difficult; after their relaxation, the presence of a pulsating cord cannot be overlooked or mistaken for anything else.

In the treatment of this complication, it must be our endeavor to *relieve* or to *prevent* compression of the cord. This we achieve either by *reposition* or by *immediate* delivery.

If in a vertex presentation we feel the cord through the membranes, it is our duty to keep them intact as long as possible; we must, therefore, examine very cautiously, especially during a pain, and keep the patient in bed. Schroeder, of Berlin, recommends the introduction into the vagina of an elastic tampon filled with air or water, for the purpose of acting as a counter-pressure against the distended membranes. If we succeed in preventing the rupture of the membranes until the os is fully dilated, we have gained a great deal; because as soon as the head becomes engaged in the pelvis, the cord often slips back; should this not take place, however, we may try with our hand to push it up past the head; or we can push the head to one side as long as it is movable, and thus prevent compression, or place the woman on the side opposite to that on which the prolapse occurs. The most important measure, however, at this stage of labor is, in my opinion, the postural treatment, i. e., the knee-chest position. By placing the patient on her chest and knees, with her hips elevated and shoulders resting on a lower level, the fundus uteri becomes the most depending position, and the cord is apt to slip back by its own weight. After full dilatation of the os, the membranes may be ruptured, and by applying proper external pressure, we may succeed to get the head fully engaged, thereby preventing the funis from slipping down again. Thomas and other authors recommend this method of reposition by gravitation very highly, and it seems to be successful in a large percentage of cases before the liquor amnii has escaped.

The most unfavorable cases are those in which the cord is prolapsed after rupture of the membranes, and before dilatation of the os has taken place. In these cases postural treatment generally fails, and we are obliged to resort to other measures to accomplish reposition. This may now be effected by the hand or by instruments devised for this purpose. We should always try manual reposition first, because it is quicker and less apt

to compress the cord. Only if this fails, be it on account of a small, rigid os, which will not admit a hand or finger, or undue length of the cord, then instrumental interference is indicated. The method practiced in Carl Braun's clinic, in Vienna, is the following: Put the woman on her side or in the knee-chest position, introduce your whole hand, the dorsum of which having been oiled, into the vagina, catch the cord on the points of all five fingers, and push it up gradually and cautiously in the same way it came down, until you have reached the space formed over the chest of the fetus. Afterwards place the palm of your hand with the fingers over the child's head, put the woman on that side on which the cord does not come down, and withdraw your hand cautiously during a pain.

Quite a number of repositors have been recommended by different authors. They all have no advantage over a common male elastic catheter, which can be improved for this purpose by passing the two ends of a piece string through it, so as to leave a loop emerging from the eye of the catheter. This is passed through the loop of prolapsed cord, and then fixed in the eye of the catheter by means of the stilette. The cord is then pushed up into the uterine cavity by the catheter, and liberated by withdrawing the stilette. A piece of whalebone may also be used as a repositor by cutting a hole into it, then passing a piece of tape through the loop of cord and the ends of it threaded through the eye cut in the whalebone. By tightening the tape the whalebone is held in close apposition to the cord, and the whole is passed as high as possible into the uterine cavity. If desired, this can be left in the uterus. Playfair, *Midwifery*, p. 304.

Unfortunately, all these methods of reposition fail only too often. The harder we are trying to push the prolapsed cord back, the more it is liable to fall down again; and have we succeeded in replacing one loop, we are chagrined to find that another has prolapsed in a different place. I think, therefore, that we should not waste our time by such uncertain procedures, especially when the life of the child is in danger and when circumstances are favorable for a speedy delivery. The more so, as even after we have succeeded in keeping the funis up in the uterus, the child is not always safe, and unless we keep a careful watch over the fetal heart, we will be very much surprised to find the child still-born, in spite of all our efforts to save its life. If, therefore, the os is fully dilated, and the head has firmly engaged in the pelvis, we should be ready to apply the

forceps without a moment's delay, should the least pause in the expulsive forces occur. If we have not succeeded in replacing the cord, a good plan, before the application of forceps, is to push it back into the region of the promontory of the sacrum, as there it will be least exposed to pressure. Is the head, however, not fully engaged in the brim of the pelvis, or is it still immovable, then the plan to be followed is immediate turning and extraction, provided, of course, the os is sufficiently dilated. Following these rules, we will, under favorable circumstances, almost always be able to deliver a living child, and to remove it from the dangers to which it would necessarily be exposed while in utero. Even if it should be in a state of asphyxia, proper therapeutic measures will generally succeed in restoring it to life.

Following this short resumé of this subject I will give the history of three cases of prolapsus funis observed in my own practice. I could mention a few cases seen during the eight months spent in the obstetrical wards in Vienna, but as I have kept no accurate notes of them, I will not waste your time by a recitation of them.

Case 1 was a primipara attended by me in the first year of my practice. Saw her at 6 a. m. Os hardly the size of a quarter, occipito-ant. pos.; pains good. Returned at 8 a. m. Os now dilated to the size of half dollar, vertex fairly engaged in the pelvic brim, but still immovable. Can feel a pulsating cord through unruptured membranes. Put her in knee-chest position repeatedly, then tried left side, but without success, the cord coming down on the right. Membranes ruptured at 12 m., before the os was much larger than one silver dollar. Loop of cord is now in vagina. Tried manual reposition; sometimes I would succeed in getting one part back, but another would come down; at last tried catheter, but was not more fortunate. Then used hot vaginal douches for the purpose of dilating the os, and gr. xv. doses of chloral hydrate every twenty minutes, as Playfair recommends, giving four doses in all, but with little success. Pulsation in the cord ceased at 2 p. m., delivered child in superior strait with forceps at 7 p. m.

Case 2. February 22, this year, was called to multipara; tenth child. Had been sick for several hours, but pains were not very severe. Os completely dilated; head not engaged yet; left occip.-ant. pos., with head rather to the left of the brim. In examination I unintentionally ruptured the membranes; by external manipulation I tried to bring the head over the inlet, when all at

once one hand and the cord prolapsed on the right side. Replaced hand without much trouble, but had considerable difficulty in getting the cord back, but at last succeeded by manual reposition, the patient on the left side. Manipulated the head into the pelvis. Was at first undecided whether to turn or to let nature take its course and to deliver with forceps, if necessary. But the pelvis being very roomy, the fetal heart, which was very irregular at first, having become more regular, and the head having become rather firmly engaged now, I decided for the latter. Put patient in forceps position and watched fetal heart. But shortly one severe pain carried the child through the whole pelvic canal. Though somewhat asphyxiated, I had not much trouble in resuscitating it.

Case 3. Multipara; tenth child, of which five were born dead. Had never attended her before, but learned that shoulder and other abnormal presentations had always been the cause of death. At 8 p. m., May 18, of last year, she had one severe pain, which ruptured the membranes and brought down a large loop of cord. She went to bed immediately and kept very quiet. I did not arrive until 11 p. m., three hours later, and found over two feet of funis in bed, still pulsating and knotted in one place. Os completely dilated; head movable above pelvic brim. Has had very little pain since taking the bed. I at once decided to perform version. But by the time I had placed the patient in a suitable position for this operation, pulsations in the cord had ceased; nevertheless, I seized one foot, brought it down and extracted the child immediately, the whole operation probably not lasting one minute. The child was completely asphyxiated, but the heart was still slightly beating. It was at least ten minutes before the child performed the first act of respiration, which was followed by another one minute later, and so on; but respiration did not become regular until forty-five minutes after birth. In the meantime I kept up artificial respiration, practicing, especially, Schulze's method. I am pleased to say that the child to-day is in perfect health; by less energetic treatment its life would certainly have been sacrificed. As I stated before, the cord was knotted and measured thirty-eight inches.

Dr. Werdes' paper was discussed by Drs. Kearns, Bloomburg, Sterritt, Green, Duff, and Sutton, and referred to the Secretary for publication.

There being no further business before the Society, meeting adjourned.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, June 1, 1886. The President, Charles L. Dana, M. D., in the chair.

Trigger-Finger (*Doigt à Ressort*).

Dr. George W. Jacoby read a paper on this affection, which, he said, was, strictly speaking, one of a surgical and not of a neurological nature; that is, if its pathology, as at present accepted, was correct. These cases, however, when encountered by the general practitioner were liable to be referred to the neurologist; hence the importance of being able to diagnose the condition. *Doigt à ressort* was the name given by Nélaton to a peculiar inhibition of motion in fingers otherwise normal. Flexion completed by force, the movement resembled the closure or opening of the blade of a pocket-knife. Sometimes only extension was interfered with. As a rule, muscular effort alone was sufficient to overcome the obstacle. Generally, the entire motion was painful, particularly at the time of the snap. The patient usually located the pain in the interphalangeal joint, but a careful examination would show that it was at the metacarpo-phalangeal articulation. Externally, the finger presented nothing abnormal, but pressure over the last-mentioned joint almost always produced pain, the painful point being usually confined to a small place upon the volar surface of the flexor tendon. In all cases except those of Busch and his own, a hard, lentil-sized body, which was particularly painful to pressure, was found attached to the tendon about two centimetres above the digito-palmar fold. All authors laid stress upon the presence of this body, as it was, according to all theories of the mechanics of this phenomenon, essential to its production. In Dr. Jacoby's first case he did not remember to have found any nodosity, but as he did not pay particular attention to it, it may have been overlooked. In his second case, however, knowing of the cases of Busch and of Marceno's criticism on them, he made a very careful examination, and could say positively that there was no nodosity or abnormality of any kind discoverable. He saw his first case in 1881, but did not make a diagnosis. The patient was a female servant who almost continually had her hands in water. She had had vague rheumatic pains for years, but had never had an attack of acute articular rheumatism. About six months prior to her visit to Dr. Jacoby she began to have a peculiar tingling sensation in the ring-finger of the left hand, with shooting pain upward

in the arm; she also complained of weakness of the finger and difficulty in flexing it. There was, however, no distinct ressort until two months before he saw her; then she was unable one morning to close the finger, and in attempting to aid herself with the other hand the finger suddenly snapped shut. Dr. Jacoby saw her only once.

The second case was that of a clerk aged 28, whom he saw in November last. The middle finger of the right hand was affected. There was no apparent cause; the patient had never had rheumatism, nor sustained an injury of the finger. The phenomenon came on very suddenly while he was engaged in writing, and was very much fatigued. He made his own diagnosis of writer's cramp, and a physician whom he consulted coincided with this diagnosis. Upon examination, Dr. Jacoby found the peculiar snap to be well marked, and the patient was unable either to fully extend or flex the finger without the aid of the other hand. Both flexion and extension caused severe pain. Pressure over the metacarpo-phalangeal joint was painful. Repeated and careful examinations failed to reveal the presence of any nodosity or irregularity whatsoever. The treatment consisted in the application of the galvanic current, but after a few sittings the patient disappeared from under observation.

The affection had been described and cases published successively by Notta and Nelaton, by Fenerly, Arrachart, Busch, Annandale, Dumarest, Hahn, Menzel, Fieber, Vogt, Blum, Felicki, Herraez, Leisrink, Marciano, and Largeau. The only reference to it which Dr. Jacoby had been enabled to find in any English or American periodical was a translation of Menzel's article, published in the *Boston Medical and Surgical Journal*, 1874, and the description of a case by Annandale, which, however, he evidently did not recognize as a case of *doigt à ressort*. Dr. Jacoby gave tables of thirty-three cases by different authors. Twenty-one cases were in women and only ten in men, in two the sex not being specified. All the cases were in adults excepting two. Occupation seemed not to have any influence in the production of the malady. The fingers affected were the thumb 16 times, the ring finger 15 times, the middle 6, the small finger twice, and the index finger only once. In five cases more than one finger was affected. The etiology must in the majority of cases be sought in rheumatism; next in traumatism. In some cases no direct cause could be found. The diagnosis was easy. The prognosis was generally fair, as the symptoms usually disap-

peared after several weeks of appropriate treatment.

Dr. E. C. Seguin said he had never seen a case of true *doigt à ressort*. He had seen two cases which resembled this condition, but which were of an entirely different nature in their etiology. They verified the author's statement that such patients were likely to be sent to a neurologist, and he should therefore prepare himself to make a diagnosis. In one of the two cases to which he referred, the patient was unable voluntarily to flex the terminal phalanx of the thumb, and if it were forcibly flexed it would go back with a jerk. There had been section of the long flexor of the thumb.

Dr. M. A. Starr, who had also seen the second case referred to by Dr. Seguin, said the difficulty, which was due to section of a tendon, had been mistaken for paralysis, but Dr. Seguin corrected the error in diagnosis. A surgeon had sent another patient to Dr. Starr within a week who at his work was accustomed to make a firm pressure with his hand, and suddenly he experienced difficulty in flexing his fingers, being entirely unable to flex the little finger. The faradic current caused flexion of all the fingers but the little one. He sent the patient to a competent surgeon, who made the diagnosis of fracture of the long flexor tendon of the little finger.

Dr. Willy Meyer had seen two cases of *doigt à ressort* in Europe. One came to the surgical clinic at Bonn while he was assistant. In both patients the middle finger was affected. One patient was a man, the other a woman. In the case of the man a very thorough examination was made, but no apparent pathological change was present. He was able to use his hand, but with some inconvenience. He wore a splint four or five weeks, which left the finger a little stiff, but this was overcome by prolonged warm baths and passive motion. The woman had complained about two months of pain along the flexor tendon from the middle of the palm of the hand to the tip of the finger, the pain having grown steadily worse. A small painful nodosity was felt just below the metacarpo-phalangeal joint. As there was no doubt that this nodosity was the cause of the affection, they advised its removal, but the patient refused. There were two interesting cases of trigger-finger published in the *Centralblatt für Chirurgie*, 1884, No. 16.

Dr. Meyer thought there was always a mechanical cause of the disease, for even in those cases in which no peri-articular pathological symptom was observable, there might be something wrong within the articulation.

As to treatment, were there no apparent cause for the difficulty, he would use the plaster-of-Paris splint, massage, prolonged hand-bath, passive motion, and perhaps electricity would be advisable. If a nodosity were found it should be removed.

Gilles de la Tourette's Disease.

By C. L. Dana, M. D., and W. P. Wilkin, M. D.

Dr. Wilkin read the paper, in which he said that Gilles de la Tourette's disease was an affection characterized by incoördinate movements (tics convulsives) and by echolalia (automatic echo-speech) and coprolalia (or automatic obscene speech).

The description of the disease by Beard, O'Brien, Hammond, and Tourette received attention; and reference was made to the unity of Latah, Myachit, the Jumpers, and Tourette's cases of tic convulsivus.

The disease, the speaker said, begins almost without exception by attacks of motor incoördination, affecting, generally, the head, face, and upper extremities first, then involving the whole body.

After remaining perfectly quiet, the patient suddenly makes frightful grimaces, blinks the eyes, snaps the jaws, raises the shoulders, etc., etc.; if the lower extremities are affected the patient stamps his foot, raises himself, and jumps as he walks.

After having suffered from attacks of motor incoördination for a time, the patient will with the attacks utter inarticulate cries, or he may begin to repeat or echo the words he overhears (echolalia). All this is done automatically and suddenly, and usually with the accompaniment of grimaces and muscular contortions.

In the speaker's case, the attacks of explosive obscenity, or coprolalia, had been more prominent than the incoördinate movements. The patient, a boy of twelve years, of neurotic history, when sitting quiet, would suddenly and involuntarily burst out into expressions of the most profane and obscene character, repeating them rapidly for a few moments and then stopping.

A surprise or sudden noise of any kind tended to produce an outburst, just as surprises in other cases brought out jumping or incoördinate movements. The condition of echolalia in the case, although less prominent than the coprolalia, was nevertheless well marked. The patient also seemed impelled to tell those things which he most wished to conceal.

The motor disturbances were more marked after the patient through some restraint had

to repress his outbursts of obscenity. The movements and expressions could generally be voluntarily controlled for a while, but only to burst forth again with greater violence.

The sudden interjections by the patient of obscene words and expressions was regarded by Tourette as pathognomonic of this affection.

The disease is a chronic one, beginning insidiously and lasting for years, sometimes for a long lifetime.

None of Tourette's cases were cured, though some were greatly ameliorated. The diagnosis of the disease is not difficult. From chorea it is distinguished by the suddenness and larger range of the involuntary movements, and by the fact that a muscular explosion is followed and preceded by complete rest. The symptoms are those of a convulsive tic. Echolalia and coprolalia may form part of the symptoms of insanity; and coprolalia has been observed in aphasia. It is easy to differentiate those conditions.

As to the pathology, from the long continuance of the disease an organic lesion can be excluded; and from the general history it is apparent that it belongs to the neuro-degenerative disorders.

In the treatment one measure had proved of marked benefit, namely, isolation. Tonics, bromides, arsenic, and electro-therapy had caused some amelioration.

The President remarked regarding the case that the patient had improved very much under treatment. It was one of the cases in which moral agencies had the power of suppressing the symptoms for a time. The audience had probably observed that while sitting quietly the patient had exhibited a peculiar kind of cough, which was about the only thing noticeable.

Dr. Graeme M. Hammond asked whether the boy was cruel.

The President replied, not to his knowledge. The only bad trait which the boy had manifested was the disposition to lie.

Dr. Julius Runisch thought it probable the disease as described by Hammond was the same as that prevailing in Kamtschatka. Persons suffering from acute or chronic belladonna poisoning exhibited this jumping tendency. A further interesting fact was the similarity between the symptoms manifested by this class of patients and those of certain persons sensitive to tickling. Some persons suffering from mental weakness or a mild form of insanity were disposed to pronounce very obscene words, to manifest twitchings of the face and other involuntary

movements, which they sometimes took pleasure in observing in the mirror. It hardly seemed to him that the description of the case presented to-night accorded with that given by Beard, and of those in Siberia and similar ones in Java.

Dr. E. C. Seguin thought it might be questioned whether the case presented was like Tourette's on the grounds expressed by the author, namely, the different mode of development, the order of development, and the fact that this patient had a defective mind, whereas Tourette's patients had a normal mind. Still, this might be a case in which there was simply an inverse order in the development of the phenomena. He would like to enter a protest against the nomenclature of the disease, especially as it presented no definite clinical history. In some of Tourette's cases there was absence of echolalia as well as coprolalia. He preferred Charcot's definition, that of tic convulsif, which might include quite a variety of jerking affections; or another term, embracing all possible varieties of these cases might be employed, as abnormal chorea. An interesting, but almost forgotten French monograph of about 150 pages, on these jerking affections, was published at Strassburg in 1850. An interesting case had been

reported by a distinguished surgeon of New York.

Dr. M. A. Starr referred to a case related by Dr. Mills, of Philadelphia, in which a tumor involved the second frontal lobe on the left side and pressed upon the third. One of the prominent symptoms was the tendency on the part of the patient to use profane and obscene expressions, apparently without any power to control it. The case suggested the question, Why, since irritation of the central convolutions would produce involuntary motion, irritation of the third frontal convolution should not produce involuntary speech?

The President was perfectly aware that the case was one difficult to classify, but he felt positive if there was such a disease as that pictured by Tourette, this patient had it. In one journal which he consulted the name Gilles de la Tourette was given it by Charcot, and he was much surprised to hear Dr. Seguin say that he did not approve of the name. However, he agreed with Dr. Seguin that there were objections to the name. He could not understand how some of the gentlemen arrived at the opinion that the condition in this case was due to insanity; for the boy, although there seemed to be some defect in his mental nature, did not manifest any symptoms of insanity.

EDITORIAL DEPARTMENT.

PERISCOPE.

Notes of a Case of Involuntary Muscular Movements Accompanied by Coprolalia.

Dr. T. C. Railton thus writes in the *Med. Chronicle* for April:

The case I have to record is that of a gentleman, now about forty years of age, who for a number of years has been afflicted by a very unusual and distressing nervous affection. He is of good family and is possessed of ample means. His education was received at a public school and at Oxford, and for some years he was an officer in the army. By his social status and his intelligence he is fitted in every way to take a prominent position, were he not debarred in a great measure by his complaint from the society of his equals.

I am given to understand that the disease in question first made its appearance when he was about seven years old, and that it was then ascribed to the effects of a fall. My

personal knowledge of him extends back for the last eleven years, and I shall give in my description only those symptoms which have I myself observed. I am unable to give particulars about his family history, but I believe that one of his father's brothers was insane. When I first knew him I noticed that he was subject to occasional sudden involuntary movements, mainly affecting the right upper extremity, but sometimes the leg, either movement being nearly always combined with a contortion of the face or a jerk of the head, or both together. These movements would be repeated two or three times, and would usually be accompanied by a short, inarticulate cry, corresponding in rhythm with the movements. For example, if he were at table when seized with one of his spasmodic movements, he would tap the side of his plate several times in succession with his knife, or even tap his forehead with it, with his face a little distorted and his eyes turned upwards. The inarticulate cry would be uttered with each tap. He did not lose

consciousness nor change color, and when the movements were over, he would appear perfectly well and continue to converse as if nothing had occurred. If it happened to be one of his good days, the movement and sound might not recur for two or three hours; if, on the contrary, it was a bad day, they would be repeated frequently. The same phenomenon would occur sometimes when he was writing a letter, and the paper would then be dotted with specks of ink in the places into which he had dug his pen. When the lower extremity was attacked, he often kicked the toe of his boot vigorously into the ground, and usually tapped his forehead with his right hand and turned up his eyes at the same time. On other occasions he would perform the following series of movements: first, holding out his right hand, he supinated and pronated the forearm two or three times, digging his elbow into his side with each supination; then he raised his right knee and patted it several times; and lastly, he struck his nose, forehead or the top of his head with his hand, opening his mouth and turning up his eyes, and accompanying each tap with the inarticulate cry. The movements seemed to increase in this series, and the blows to the face or head were tolerably hard ones. At this period the cry was perfectly inarticulate: sometimes it was almost a squeak, sometimes like *ahem*, as in clearing the throat. It never occurred except at the time of one of his involuntary movements. The movements varied very much, but a particular set seemed to predominate for a certain time, to give way in turn to another series. For some time he was in the habit of making a peculiar noise with his tongue and lips, like the sound of spitting out some small thing from between the lips. Probably the disease had slowly reached this stage in the course of over twenty years, and it remained much the same for the succeeding three years of my acquaintance with him, sometimes seeming worse, the movements being larger, more perceptible, and more frequent in their occurrence; sometimes better, when they amounted only to a slight occasional jerk of the hand, or a tapping of the forehead.

In 1882 I observed that a new phenomenon had supervened, rendering his complaint much more seriously inconvenient. Instead of the inarticulate cry, the movements were accompanied at times by a muffled sound, the purport of which could not be distinguished when it was first heard, but which became resolvable by its repetition into words never used in polite society. He

would be painfully conscious of the effect upon his audience of the word or words he used, and would endeavor to turn off the obnoxious sound by continuing it either into a humming of a bar or two of music, or as a strenuous cough. But sometimes the words were audible with startling distinctness, and I have repeatedly witnessed him nodding his head several times in succession, with his mouth open, and his eyes turned upwards, tapping his forehead with his hand in unison with his nods, each nod being accompanied by an improper or obscene word. The words uttered were usually "bloody hell" but sometimes he used words of a more filthy description, which it is needless to further particularize. Such attacks formed a most painful contrast to his surroundings and to his manners, which were those of a cultivated gentleman, who, in conversation, never made use of obscene or improper language. M. de la Tourette, who has collected nine cases of this disease, has applied the term "*coprolalia*" to this symptom, from *κοπρος*=filth, *λαλεω*=to talk; and he considers that it is pathognomonic of the disease. In the case I am reporting, the improper word was sometimes interpolated in a sentence in a very disastrous fashion, when an involuntary movement happened to occur while the patient was speaking. Thus I have heard him inform a lady that it was "a bloody fine day," and immediately try to divert attention from the word by repeating "*very fine*," "*very fine*," with an emphasis upon the adverb. He would often endeavor to smother the sound, and by great efforts he could succeed for a time in checking what was an almost irresistible impulse, but this was not always possible. If he had occasion to speak in public, no trace of this complaint showed itself. There was no disorder of sensation, his health was always excellent, and his intelligence and general knowledge were above the average. In fact, the disease did not appear to have affected him in any way, either mentally or physically. I last saw him in 1883, and perceived no change of any moment; perhaps the movements were slighter as a rule, but the coprolalia was observed as frequently as before. It is quite possible that the disease may continue as it is now, without the supervention of any additional symptoms; one of de la Tourette's cases suffered from it in this form for about 60 years; but it is also possible that a further development may take place. He considers the disease to be incurable, for while nervous sedatives seem to have an influence, yet as the disease naturally presents periods of ameli-

oration, it is difficult to verify this observation.

Specific Disease of the Brain and Spinal Cord; Symptoms of Locomotor Ataxy.

Dr. Albert Leahy thus writes in the *Brit. Med. Jour.*, June 12:

Mr. Hutchinson's lectures on syphilis, recently published in the *British Medical Journal*, together with the doubt that has been expressed as to the occurrence of ataxy, having syphilis for a cause, may render the following case interesting:

G. W., an officer in the army, aged 46, of temperate habits and nervous disposition, began to complain of debility early in 1885. Twenty years previously, he contracted a sore, which was cured in a fortnight, and, as far as he could remember, was not followed by secondary symptoms. In April, 1885, he complained of weakness in the legs, exhaustion after slight exercise, loss of appetite, and feverishness. This weakness of the legs increased, and he was sent to the hills. About the middle of June, he came under my observation. He complained of lightning pains in his lower limbs, and tingling sensations, "as of pins and needles," in both arms. Both his arms and legs were slightly paretic; and, when he stood up, there was some trembling of the legs and thighs. His gait was typically ataxic, and he described the sensation of contact of the soles of his feet with the ground as being "distant," and as though they were covered with felt. He had external strabismus on the right side, with dilatation of the pupil, and absence of power of accommodation. There was paralysis of the soft palate, causing regurgitation of food into the posterior nares; and each tonsil was the seat of a circular depressed ulcer, with a ragged edge and yellowish base. The patellar and ankle reflexes were absent, and he could not stand with his feet together and his eyes closed. Both eyes were examined with the ophthalmoscope, but nothing abnormal was discovered. On the skin of the forehead was a coppery papular eruption. The inguinal glands were enlarged, but there were no scars on the penis. The paralytic symptoms became rapidly worse; in three weeks, he had completely lost motor power in his lower limbs, and had much difficulty in moving his arms. The muscles of the limbs wasted rapidly, but retained their electric excitability. He had cough, with mucopurulent expectoration, and there were slight dullness and harsh breathing at the left apex. The daily temperature was normal, and there

was no albumen in the urine. Iodide of potassium, in ten-grain doses four times a day, with drachm doses of the solution of perchloride of mercury, were first given towards the end of July, and were persevered with for over two months. The patient gradually improved, regaining the power of motion in his lower limbs, and losing the strabismus. During the third week in August, he became extremely irritable, and, on one occasion, violent; the twitchings and startings of his legs also caused him trouble; and the dose of iodide of potassium was increased to 15 grains. The eruption on his face gradually diminished. The improvement in the paralysis gradually increased; and, by the end of September, the patient was able to move about his room, and to take short walks, with assistance. The medicines were stopped during the first week in October, but had to be resumed, as psoriasis of the palm of his right hand (with which he used his walking-stick) appeared. The improvement in his case, up to the time of his leaving India (November, 1885), was permanent.

Whether the ataxic symptoms depended upon the syphilitic poison, or whether they were merely coincident, is open to discussion; but the fact remains unaltered that, as the paralytic symptoms disappeared, the peculiar gait, the swaying to-and-fro when the eyes were closed, and loss of the reflexes, were no longer observable.

Rupture of the Female Urethra during the First Coitus; Imperforate Hymen.

At a recent meeting of the Cronstadt Marine Medical Society, Dr. N. A. Esipoff communicated (*Meditz Obozr.*, fasc. i., 1886, p. 47,) a case of the following nature: A newly-married female, aged 19, who had never menstruated, but every three weeks suffered from menstrual molimina, during the first coitus suddenly felt acute burning pain in the vulva, which was followed by very profuse hemorrhage, both of the parties being in an inebriated state at the time. When first seen, five hours later, the patient was found to be anæmic, the source of the still-continuing hemorrhage being a laceration of the urethra about two centimetres long, running from the edge upwards to the bladder. A fluctuating tumor of the size of a hen's egg was bulging from the vaginal orifice. It was covered by the normal skin, with distinct veins. A finger introduced into the rectum revealed a fluctuating cyst occupying the whole lesser pelvis. The womb was greatly distended, its fundus being felt a finger's breadth above the navel.

After arresting the bleeding by cold water douche, the author closed the wound with five sutures of reindeer tendon, and introduced Nélaton's catheter *à demeure*. Three days later the wound was found healed by the first intention, no trace of sutures being left. On the fourth day (after the accident) a large-sized trocar was thrust into the distended hymen to remove about 2,000 cubic centimetres of inspissated, tar-like, inoffensive menstrual blood. Then, having washed out the cavity with a sublimate solution, the author enlarged the puncture with a bistoury. On examination, neither vaginal roof nor vaginal portion of the womb were found, the uterus and vagina representing one cavity, with a slightly prominent ring at the level corresponding to the internal uterine os. A week later, the womb assumed its normal size; the cervix was formed already, but was still somewhat short and flabby, the external os being patent, its edges star-like and knotty. Dr. Esipoff mentions also a case of hæmatometra in consequence of congenital atresia of the hymen, in a strong, well-nourished hotel servant, aged 17, with menstrual molimina of a year's standing, and with the fundus uteri felt three fingers' breadth above the pubes. No discomfort whatever was ever felt by the patient. The author performed the same operation as in the former case. As in the first case, the womb and vagina were found to be transformed into a single cavity, the cervix being almost tracelessly leveled in consequence of prolonged and considerable distension. Dr. Esipoff lays stress on that point, for Professor Schroeder, in his hand-book, states that in cases of hymeneal atresia only hæmatocolpos is present, while true hæmatometra occurs only in cases of atresia of the external os uteri.

The Microbe of Rabies.

Dr. G. F. Dowdeswell thus writes in the *Lancet*, June 12:

In view of the great interest now taken in this subject in consequence of the brilliant investigations of Pasteur, I think it desirable to take an early opportunity of stating that I have found the microbe which appears clearly to constitute the virus of this disease. It is a micrococcus, not very minute, and of the usual form. It stains, however, with some difficulty; and this accounts for its having hitherto escaped observation. In the cases of dogs which I have as yet examined, its principal seat is evidently the central canal of the spinal cord and medulla oblongata; thence it pervades the other tissues of the central nervous system, occurring (some-

times in vast masses) around the walls of the blood vessels, and in some cases within the vessels amongst the red blood-corpuscles. In the cortex of the hemispheres I have found it, but in very small numbers, and, so far, only in the peri-vascular and peri-cellular lymph spaces. In the cerebellum I have not found it at all, neither have I as yet succeeded in finding it in the salivary glands. I shall shortly publish the methods by which it may be stained with certainty. I must, however, state that it does not stain by hæmatoxylin, either with or without a mordant, as asserted by some. I have repeated their methods carefully. Neither does it occur within the nerve fibres, as stated; and, lastly, it is fully three times the dimensions which they give. I may add that it does not occur in the same situation, treated by the same methods, in normal animals. In the one case of a rabid dog, which I had examined to control my previous observations, the tissues were placed in alcohol so shortly after death as to preclude the possibility of the occurrence of septic organisms. In addition to which, all saprophytes, as far as yet observed, stain very readily with the usual aniline dyes, which this microbe does not. I must point out, in justice to the genius of Pasteur, that these observations on the occurrence of the microbe go far to confirm his statement of the seat of the virus; it may further afford a means of diagnosis in any doubtful case.

Rupture of the Uterus, Followed by Laparotomy.

At a meeting of the Gynæcological and Obstetrical Society of Paris, Dr. Doléris produced the uterus of a woman where rupture of the uterus had occurred during labor and the child had escaped into the peritoneal cavity. Delivery was, however, effected *per vias naturales*; but, two days later, the patient's condition having become very serious, he performed laparotomy under strict antiseptic precautions. The wound in the uterus, as well as the right broad ligament, which was torn, were sutured, and the peritoneal cavity carefully cleansed. The patient, however, did not rally from the shock of the operation, and died a few hours later. At the necropsy, the rent was found to extend from the right side of the cervix towards the right angle of the uterus, and thence inclined to the left. The right broad ligament was torn completely through, and the left was damaged to a less extent. Dr. Doléris expressed the opinion that immediate recourse to laparotomy would have been preferable.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The official report of the memorial meeting of the New York County Medical Association in honor of the late Dr. Austin Flint is published in pamphlet form in appropriate style.

—In a short reprint, Dr. John M. Keating, of Philadelphia, makes some timely suggestions for the preparation of milk for infants.

—Mr. George S. Davis, of Detroit, Mich., forwards an announcement of his "Physician's Leisure Library," which embraces twelve monographs for the very reasonable price of \$2.50.

—A remote effect of peripheral irritation is illustrated by Dr. D. B. D. Beaver, of Reading, Pa., in the description of a case of retinal hyperesthesia due to masturbation and its consequences.

—Mr. J. L. Milton, an eminent London surgeon, in a brief pamphlet before us discusses with much erudition the historical side of the question as to the unity or duality of syphilis, showing that the duality was noted in the earliest outbreaks of true syphilis.

—Dr. C. Labus, of Milan, Italy, forwards a reprint describing the removal of a papilloma from the trachea.

BOOK NOTICES.

Transactions of the Vermont Medical Society for the year 1885. Pp. 105. Montpelier, Vt. 1886.

We find in this volume the usual minutes of proceedings, reports of delegates, necrological notices, and a variety of original contributions. Dr. W. T. Smith speaks of lesions of the cerebral hemispheres; Dr. C. S. Caverly, of the causes of infectious diseases; Dr. C. E. Chandler, of the Kocher method of reducing dislocations of the humerus; Dr. L. M. Greene, of fracture of the vertebræ; and others.

Esoteric Christianity and Mental Therapeutics. By W. F. Evans. Cloth, 8vo., pp. 174. Boston, H. H. Carter & Krick, 1886.

That there are readers for works of this kind is no favorable sign of the times. It is

a treatise on the faith-cure, seeking to assimilate it to a form of Christianity. The pages are full of mysticism, muddled theology, and intentional obscurities. Such a book is a good one *not* to spend time upon.

Manual of Differential Medical Diagnosis. By Condict W. Cutler, M. D. 12mo., pp. 161. New York, G. P. Putnam's Sons, 1886.

The scheme which is pursued by the author of this little treatise is to arrange in parallel columns the characteristic signs of diseases which are closely allied, and thus bring out their differences. He deserves credit for his careful collation, but this method, when exclusively depended upon, as in the present volume, passes beyond the limits of its utility, and is sure to be an unsafe guide. It is only serviceable when combined with actual description.

Illustration of Unconscious Memory in Disease, Including a Theory of Alteratives. By Charles Creighton, M. D. Cloth, 8vo., pp. 212. J. H. Vail & Co., New York city.

That unconscious memory exercises a most potent influence on the destiny of the individual and the species, cannot be denied. Everything, in fact, that is called by writers "heredity," "atavism," or "filiation," may be embraced under this term, "unconscious memory," if we choose to stretch it far enough. The author of this volume is willing to stretch it to any extent, and hence evolves a most all-embracing theory of the causation of disease. Undoubtedly he makes some excellent points, and we commend his book as one highly suggestive, and worth attentive perusal; but all will smile when he carries his hypothesis so far as to explain yellow fever and Texas fever in cattle as a sort of vicarious disease, originated not by exposure and hardships in those who suffer them, but in those who do *not* suffer these extremities!

Traite Elementaire d'Anatomie Medicale du System Nerveux. Par. Ch. Féré. Pp. 493. A. Delahaye, Paris, 1886.

The anatomy of the nervous system is fully set forth in this treatise, and with the lucidity which characterizes the writings of French scientists. The scope of the volume includes not only the descriptive and topographical anatomy of the nerves, but pathological conditions, and the more important medical applications as well. There are a number of illustrations, chiefly wood-cuts of moderate excellence, and the type is clear.

THE Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year, \$5.00
Quarterly Compendium of Med. Science, - 2.50
Reporter and Compendium, - - - 6.00
Physician's Daily Pocket Record, - - 1.50
Reporter and Pocket Record, - - - 6.25
Reporter, Compendium and Pocket Record, 7.00

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M. D.,

115 South Seventh Street, Philadelphia, Pa.

THE QUARTERLY COMPENDIUM OF MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the **QUARTERLY COMPENDIUM**, which we publish.

It is, in fact, a supplement to the **REPORTER**, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the **REPORTER** for the very moderate price of

ONE DOLLAR.

in advance, for the year.

Address **DR. D. G. BRINTON,**
115 South Seventh Street Philadelphia.

ERYSIPELAS AND PUERPERAL FEVER.

There still are many physicians who contend that erysipelas and puerperal fever really are one and the same disease. Fehlersen has recently demonstrated that erysipelas is caused by special cocci, utterly different from the germs met with in puerperal fever.

Dr. Gusserow now publishes some cases in the *Arch. f. Gyn.* xxv., p. 169, where he proves, from a clinical point of view, the impossibility of both being produced by the same poison. He first mentions two cases of erysipelas occurring during pregnancy. In the first case, four days before delivery, erysipelas of the face began, and continued for four days after it. Childbed normal. In the second case the woman contracted erysipelas in the eighth month. It attacked only the lower extremities. In consequence of the extremely high fever the child died the thirteenth day; the sixteenth, delivery, soon after exitus letalis of the mother. Post-mortem showed uterus and appendages perfectly normal.

As further evidence, G. mentions a case where the mother, four days after delivery, was seized with erysipelas faciei. This ran a normal course and did not influence in the least the progress of the puerperium. In another case erysipelas attacked the left mamma eight days post-partum and seven days later exitus. Autopsy revealed a very grave form of erysipelas, but uterus and appendages normal.

Next, G. publishes nine cases of erysipelas, where it set in after septic phenomena had already existed. In all these cases there appears no causal connection; the septic symptoms had lasted in some eleven days ere the skin commenced to suffer from erysipelas, and the latter disease progressed and ran its course without influencing in any way whatever the septic signs. The autopsies in the fatal cases demonstrated the existence of grave septicæmia, and proved the fact that the erysipelatos inflammations had not been phlegmons, but true erysipelas. To finally conclude the dispute, G. took some of the cocci of erysipelas, and introduced them into the peritoneal cavity of a gravid rabbit. No morbid symptoms of any kind made their appearance.

These investigations are of importance in so far as a physician, because attending a case of erysipelas, need not hesitate to guide a woman safely through childbed, though it will always be safer to take care at least of thorough disinfection of hands, instruments, etc., under such circumstances, for as one of the above cases above referred to again

proves, erysipelas is by no means always a mild complaint, but often enough a fatal one. In our country, however, the latter disease does not seem to be so often attended with danger to life as in the old countries, where the large laboring population does not live under the same favorable hygienic conditions as happily is the case with us.

By all means the researches above mentioned demonstrate that a physician, when finding a woman, whom he delivered of a child, suffering from puerperal fever, need not feel that he has been the cause of this dangerous malady, because he had attended a case of erysipelas at the same time. Such a knowledge would greatly ease the conscience of any conscientious physician.

PASTEUR'S INSTITUTE.

At the meeting of the Paris Academy of Sciences, March 8, this year, a committee was appointed to consider the possibility of erecting an "International Institute for the Prevention of Hydrophobia." Pasteur remarked at the time that in case the Academy should endorse the erection of such an institute, subscription lists should be opened in all civilized countries, that a sufficient amount be procured to enable the commission in charge of the institute to allow free passage to and fro for all persons bitten by rabid animals desiring to be admitted into the institute, but too poor to pay the traveling expenses, as only thus a full benefit would accrue from the erection of such a hospital.

Secretary of the Interior von Freycinet, who also was present, promised the assistance of the government, and at the earnest solicitation of the President of the Academy, consented to become a member of the committee.

The latter has handed in its report, which it concluded in two special meetings. Vulpian, as chairman of the committee, presented the report to the Academy and the latter accepted it as follows:

§ 1. In Paris an institute is to be erected for the treatment of hydrophobia after injury by a rabid animal, its name to be "Institute Pasteur."

§ 2. Into this Institute Frenchmen and foreigners are received who have been bitten by rabid dogs or by other animals suffering from hydrophobia.

§ 3. In France, as well as in other countries, a public subscription is to be opened to obtain the means for the erection of the Institute.

§ 4. The means procured by this subscrip-

tion are placed in charge of a commission to consist of (now follow the names of the most celebrated scientists and the most prominent men of France, of whom we will name the following: Admiral Jurien de la Graviere, President of the Academy of Sciences; Vulpian, Marcy, Paul Bert, Charcot, de Freycinet, Jules Simon, Magnin, Governor of the Bank of France, A. de Rothschild of the Crédit Foncier, Be Clard, Dean of the Medical Faculty, and the faithful, untiring collaborer of Pasteur, Prof. Graucher, is also not wanting).

§ 5. Subscriptions are received by the Bank of France and its branches, the Crédit Foncier and its branches, all internal revenue collectors, etc.

The names of the subscribers will be published in the *Journal* of the Academy. Thus an enterprise is assured, upon which we all can only look with the utmost sympathy, though the final decision about the effect of Pasteur's method must still be reserved.

TO DETECT THE SEX OF THE FŒTUS BEFORE DELIVERY.

Dr. Juan Bidart, of Santiago, Chili, has recently made a long series of observations to determine whether it might be possible to detect the sex of the fœtus by the number of the beats of the pulse.

Towards the end of pregnancy B. counted in 100 cases the fetal frequency of the pulse, sometimes once, sometimes oftener, according to circumstances. He arrived at the following conclusions:

1. There exists a definite relation between the sex of the fœtus and the frequency of its pulse, and the figures 135 and 145 form the limits to determine the question.

2. Contractions of the heart less frequent than 135 indicate a boy, while more than 135 or 145 give evidence of a girl.

3. To determine the point, it is necessary to count the number of beats oftener before rupture of the bag of waters, to become acquainted with the rhythm of the heart, and any possible irregularities.

4. Under such circumstances the sex may be predicted with certainty 92 out of 100 times.

5. The knowledge of the facts may be of great importance when determining the advisability of premature delivery.

RAPHANIA.

Raphania is the technical name for that class of poisoning produced by strawberries,

ergot, and especially the black radish. Dr. J. Andree reports the case of a man, æt. 51, and that of his son, æt. 25, who both after the eating of horse-radish suffered from intense pains in the epigastrium and in the extremities (*Centrbl. f. d. Med. Wiss.*, 4, '86). These pains were so severe that the patients rolled around on the floor. About 1½ drachms of resorcin, and, in the case of the father, half an hour later a second dose of about 50 grains induced vomiting and diarrhœa, and at once brought about a great amelioration in the symptoms.

Dr. A. also made use of the same remedy in case of ergotism, and he strongly recommends the drug in all similar instances.

NOTES AND COMMENTS.

Tabetic Contracture of the Old.

E. Demange was the first to draw our attention to a peculiar form of contracture, which attacks only the aged when suffering from arterio-sclerosis in a high degree, and which is characterized mainly by a progressive contraction, which gradually seizes the joints of the extremities.

In a recent article in the *Revue de Méd.*, 1886, No. 7, D. reports several cases of this disease and tries to show the distinguishing points between his diffuse sclerosis, "due to vascular disturbances, and the common lateral sclerosis. While in the latter disease the lateral columns alone suffer in his "diffuse sclerosis," though the same paths also are mainly affected, the other parts of the spinal cord also become the seat of the same morbid changes, but in an irregular manner.

From the nature of the pathological lesion, as described by D., we infer that the minute alterations also differ in the two diseases. In lateral sclerosis we have to do with a real sclerotic process attacking the white matter of the lateral columns, while in the diffuse vascular sclerosis of the aged the arteries are seized by the sclerotic process, and according to the portions of the cord thus deprived of their usual supply of arterial blood, we find atrophy of the white matter in irregular patches, but usually extending over a transverse part of the medulla.

This atrophy macroscopically greatly resembles true sclerosis, but the microscopical examination shows in the one case a cicatricial contraction of the interstitial tissue and consequent wasting of the compressed white matter, and in the other an atrophic process, attacking alike all the structures re-

ceiving their arterial blood from the same sclerotic vessel.

The Effect of Some Poisons on Ascarides.

To determine the effect of certain drugs on intestinal worms, Dr. W. V. Schroeder has instituted a series of experiments and published their results in the *Arch. f. Exp. Path. u. Pharm.*, xix., p. 290. He used the ascaris lumbricoides, which occurs in the hog, and on account of its identity with the same worm in the human being is specially adapted for such purpose.

Of all the substances examined, sublimate and nicotin proved themselves the most powerful; soda lye, which destroys the covering integument of the animals, also has a violent effect on the worms, while virulent poisons, as cyanide of potash, arseniate of sodium, strychnine, coniin, physostigma, aconitin, morphine, picrotoxin, evinced comparatively little effect. The same may be said of chloral, alcohol, helleborin, chlorbarym, quinine, camphor, while the animals proved very sensitive to acids, phenol and salicylic acid.

Of special interest are the results obtained with santonin. This proved not to be a remedy which has a fatal effect on the worms, but one which drives them out of the intestines. In consequence of unknown reasons the presence of santonin in the small intestine makes the worms so uncomfortable that they quickly descend into the large bowel, where they must be driven away by purgatives. Whenever, therefore, santonin is administered, it should be accompanied by a purgative, or the latter be sent after it within an hour or two.

Case of Curious Malformation of the Thorax in a New-Born Infant.

Dr. Ridley Dale thus writes in the *Med. Press*:

On Wednesday, February 17, I was requested to attend Mrs. D. in her confinement. This was her ninth child, all the others having been born perfect, and all have been strong, robust children. The labor was a natural one. On examining the child after birth the left side of the thorax presented a curious condition; for a space of four inches, extending from just above the navel to the inter-mammary line, the skin and thoracic parietes were completely wanting. The gap measured two and a half inches at the lowest part, and one and a half inches above. Below could be seen the diaphragm covering the stomach and liver, while above this the

heart protruded, being simply suspended in a horizontal position by the great vessels.

There was no pericardium. It was to me an uncommon experience to see the heart beating outside the chest for some minutes after the child was born. Respiration did not occur. After death I could replace the heart within the thorax, but on releasing the pressure it immediately shot forwards again. The ribs on the left side ceased at the border of the gap. The child otherwise appeared healthy and at its full time—thus for nine months of intra-uterine life it had lived in this condition.

This case is interesting from a medico-legal point of view, as it is possible that the appearance might be mistaken for criminal violence. No post-mortem was permitted.

Surgical Affections in the Insane.

Dr. Giné y Partagas, physician to the Barcelona Asylum, Nueva-Belén, in a clinical lecture published in *La Independencia Médica*, gives a *résumé* of the more important surgical maladies he has met with among lunatics. Erysipelas, he says, and especially erysipelas of the face, is very common, and should be watched for by the physician, as lunatics frequently do not trouble themselves about cutaneous affections. Eczema also is very common. As to furunculosis, he remarks that he has never seen it followed by cure or alleviation of the mental condition. The chief self-destructive propensity of melancholics seems to be to mutilate the genital organs. One man showed the doctor, as an evidence of his operative skill, a testicle which he had contrived to excise with the help of a piece of broken glass. Another patient managed with a similar instrument to perform a true œsophagotomy. Dr. Giné remarks that it is wonderful how insensible they seem to the pain they thus inflict upon themselves. With regard to the difficulty of retaining splints on fractures, he says that for many years poroplastic appliances have been employed in Nueva-Belén with the most satisfactory results. In conclusion, he calls the attention of his hearers to the importance of careful examinations of the inguinal and crural regions of lunatics, who may have new herniæ or inflammations in old ones for some time without complaining.

Extraordinary Cæsarian Operation.

A contemporary quotes from *La Gazzetta degli Ospitali* the case of a patient who performed the Cæsarian operation on herself. A peasant woman, *æt.* 23, with a common

kitchen knife, opened her own abdomen on the right side. The wound was five inches in extent. The woman then opened the uterus in the same direction, and endeavored to extract the fœtus. As this was at full term it could not be readily removed. The mother first drew out an arm and cut it off. To still further reduce the bulk, she amputated the head, and then completely emptied the womb, extracting the placenta. She bound a broad bandage very tightly round her body, hid the fœtus in the straw mattress, dressed herself, attended to some domestic duties, and on a cart went into the city. On returning home, having walked about for five hours, she vomited and fainted, and the parents called in the doctors. Thirteen hours had elapsed from the infliction of the wound, and through it the bulk of the intestines had been protruding for six hours. In the end, the medical attendants having satisfied themselves of the complete reduction of the emptied uterus, performed abdominal toilette as well as was practicable, replaced the viscera, introduced a drainage-tube, and sutured the wound. The evening temperature was 37.7° ; lochia natural *per vias naturales*. The woman stated positively that she had no accomplices. The wound healed, and was only superficial on the eighteenth day after the self-performed Cæsarian operation.

Antidote to Cocaine Poisoning.

In the *London Med. Record*, Dr. F. Schilling describes a case of cocaine poisoning, coming on after the drug had been locally applied for the extraction of a tooth. The patient was a woman aged 28, in the seventh month of pregnancy. The injection of two drops of a 20 per cent. solution of cocaine caused sufficient anæsthesia for the extraction of the tooth. As the patient was leaving the room the dentist noticed that her eyes were fixed, and a few minutes after making her sit down she became unconscious, reacting to no stimulus. The injection of ether had no result. During the unconscious state, which lasted over half an hour, the breathing was quiet, the pulse 86 and regular; the eyes were wide open, with medium-sized pupils, and the conjunctival reflex had disappeared. The patient could not be roused by shouting, but after a time began to call her husband by name. Dr. Schilling, considering that the condition was due to anæmia of the brain, advised the inhalation of amyl nitrite. The first inhalation seemed to rouse her, and after the second she could

answer questions hesitatingly but correctly. She was well in a short time. As the author states, it is a question whether the symptoms were not due to shock, as the patient was pregnant. He, however, considers this an improbable explanation.

Lanolin an Old Remedy.

The *Pharmaceutical Record* says:

It appears that lanolin is not entitled to take rank among the most recent additions to the *materia medica*, inasmuch as Culpeper, the venerable "student in physick," described it in his work published in 1650. This has been lately pointed out by a correspondent of the *Chemist and Druggist*, who gives the following extract:

"*The Way to Make Esopus.*—Take wool cut off from the neck ribs, ribs, and under the pits of the forelegs of a sheep not washed, but well wearied, wash it well in warm water so long till it have left all its fatness in the water, then press it out and lay it by, let that fat and foul water be poured from on high out of one vessel into another a long time till it be froathy, then let the froath settle, and take off the fat that swims at the top, then pour the water to and fro again, till neither more fat nor froath appears, then wash the froath with the fat in cleer water till it be cleansed from the dross and will not bite your tongue if you touch it with it; then keep in a thick earthen clean pot in a cold place."

Measurement of the Breast.

In the *St. Louis Med. and Surg. Jour.*, for April, F. L. J. says that it frequently becomes desirable, as for instance, after Estlander's operation, to keep track of the shrinkage or other changes in the size or shape of the chest. A very simple method of accomplishing this is from time to time to make a plaster cast, of limited width, of the surface which it is desired to measure. To do this, take a roll of bandage from one to two inches wide, and, after passing it through plaster (as in preparing a plaster bandage), lay it on the surface to be measured, folding it on itself backward and forward until a half-dozen or more thicknesses have been superimposed. After the plaster has set, remove the splint thus formed and make a tracing of the inner curve. By comparing the tracing thus obtained, very accurate results may thus be secured. This idea was first suggested, but in another form, by Dr. Le Fort, in a communication to the *Société de Chirurgie*. Dr. Le Fort's idea is to take

a full plaster cast of the chest, and then make sections of the cast.

Suppuration Connected with the Antrum Arising from Diseased Teeth.

Amelia B., *set. 22*, a dressmaker, was admitted on May 1. When fourteen years of age patient had a slight abscess over the right superior maxilla, and after that had disappeared she noticed a small hard lump in this situation. This remained the same size until six months ago, when it increased in size. On admission a swelling was found over the right upper maxilla, which did not infringe on the orbit or nose. Some time ago it was larger than at present. On looking into the mouth the two right upper bicuspids were found to be carious. There had never been any discharge into the mouth or nose, but the previous Sunday for the first time a little blood welled up into the inner canthus of the right eye. The patient has always enjoyed good health with the exception of this swelling. On the 2d the patient was anesthetized, and Mr. Bloxam ascertained that the tumor was connected with the antrum of Highmore. The carious teeth were removed, and about an ounce of watery pus drained away. The antrum was syringed out with a weak solution of permanganate of potash. The patient left cured on the 8th.

Inequality in the Length of the Tibia.

A boy, *set. 10*, whose left tibia had grown three-quarters of an inch longer than the opposite one in consequence of stimulation of the lower epiphysis, owing to inflammation and necrosis of the shaft of the bone, was shown to the Medico-Chirurgical Society by Professor Annandale. As a result of this lengthening of the tibia, the foot had been gradually displaced outwards, so as to form a kind of talipes valgus. In order to remedy this deformity it was necessary to lengthen the fibula, and he did this by dividing the fibula at the junction of its lower and middle thirds. In addition, division of the peroneal tendons was required before the foot could be brought into position. The result had been most satisfactory, and the deformity was now quite relieved.

Successful Treatment of Cirroid Aneurism.

Before a recent meeting of the Medico-Chirurgical Society of Edinburgh, Professor Annandale showed a woman, *set. 22*, illustrating the successful treatment of a cirroid

aneurism
and lig
the tum
upper e
left fore
tortuou
teries.
the liga
cured t
that he
of cirro
that thi
employ
tion wi
was mu
the cor
trosis

Pallid

The
uses a
treatm
the m
patient
portal
out t
sublin
plugs
soluti
to the
shoul
plug
dress
this
a ver
sembl
grea
orrh
pati
grea

Be

T

ety

from

wor

yea

in

the

soc

sy

gr

th

du

pe

m

re

tr

aneurism by a combination of electrolysis and ligature of the chief artery passing to the tumor. The aneurism involved the left upper eyelid, and passing from it over the left forehead and temple were several large, tortuous, dilated, and strongly pulsating arteries. One application of electrolysis and the ligature of the temporal artery completely cured the case. Mr. Annandale remarked that he had successfully cured several cases of cirroid aneurism by electrolysis alone, but that this was the second case in which he had employed ligature of the artery in combination with it. In the other case the tumor was much more extensive, and he ligatured the common carotid, and also employed electrolysis with complete success.

Palliative Treatment of Uterine Cancer.

The *Med. Press* tells us that Prof. Sireday uses a very simple but effective palliative treatment for cancer of the womb, and in the many cases in which he applied it the patient's sufferings were rendered very supportable. His method consists in washing out the vagina by a solution of corrosive sublimate (1:3000), and in applying small plugs of cotton imbibed in a four per cent. solution of chloral and dusted with iodoform, to the wound. It is essential that the wound should be exactly covered with the first plug and left *in situ* for two days, when the dressing is renewed. After a few days of this treatment the ulcer, which hitherto wore a very ugly aspect, becomes clean and resembles an ordinary wound, and the pain is greatly lessened. By this method also hemorrhage is arrested, and thus the life of the patient is prolonged and her general state is greatly improved.

Recovery from Complete Alopecia of the Scalp.

To the Carlisle (Scotland) Medical Society Dr. Lediard showed a patient recovering from complete alopecia of the scalp. The woman had been under observation for two years. It commenced with one patch, and in a few weeks all the hair disappeared from the scalp, eyebrows, and eyelids. It was associated with headache. No history of syphilis. After six months hair began to grow scantily over the scalp. For a year there was a scanty growth of white hair, and during the last few months pigment has appeared in the hair, and the hair has grown more in patches. Blisters, spirit lotion, and repeated shaving, have constituted the local treatment; while quinine and iron, bromide

of potassium, and iodide of potassium, have been administered internally.

A Case of Vaginitis Due to the Presence of Red Ants in the Vagina.

To the Obstetrical Society of New York Dr. Gillette reported the case of a patient who applied to him, complaining of irritation of the vulva and vagina, accompanied by profuse leucorrhœa. On examination, the vulvo-vaginal mucous membrane was found to be much inflamed, and bathed in pus. Vaginal injections were ordered, but the patient objected to them, saying that they always made her worse. A few days later she reported again, and said that she had discovered the cause of her trouble, viz, red ants had taken up their abode in her fountain-syringe, and every time she used the syringe, the ants were poured into the vagina. Their bites undoubtedly caused the inflammation. He related the case merely to offer a new cause of vaginitis.

Cardiac Changes in Typhoid Fever.

A very unusual lesion has recently been pointed out by Dégérine as occurring in the muscular structure of the heart during the course of typhoid fever. On examining the hearts of two patients who died suddenly during apparent convalescence from this disease, extensive microscopic changes were detected into the myocardium. In both cases, the lesion consisted in a separation of the intercellular cement of Eberth, which, in a normal condition, unites the cells of the cardiac fibres. There was neither fatty, putrid nor pigmentary degeneration. It is due to the solvent action of sarcolactic acid, which is formed in great abundance in the intercellular cement. No bacilli were found in the myocardium. Similar changes have been detected in the myocardium after pericarditis by Lundrouzy and Renant.

Treatment of Diabetes.

At the fifth German Congress for Internal Medicine (*Med. Record*), Professor Stokvis, of Amsterdam, discussed this subject. The speaker followed Bouchardat and Cantani, prohibiting the carbo-hydrates absolutely, and he was pleased with the results so far obtained. He insists upon muscular exercise, by which alone the percentage of sugar can be greatly diminished, regulates all the other functions of the system, and counsels also moderation in eating and all other matters. Such general treatment is particularly

adapted to fat and gouty patients, when they show symptoms of diabetes.

Wound of the Fœtus in Utero.

At the Societe de Chirurgie (Paris) M. Berger mentioned a very extraordinary case of a wound reaching the fœtus *in utero*. A woman eight months *enceinte* received a knife stab in the gluteal region, which gave issue to nearly a quart and a half of blood. The following day she gave birth to a still-born child, which presented a wound an inch in length on the right parietal bone. The peritoneum was not touched by the instrument.

Genital Irritation.

We have more than once called attention to the effects of reflex irritation from the genital organs, from a contracted prepuce, a stricture, a collection of smegma, and the like, in the causation of convulsions and a variety of phenomena, very obstinate and unyielding until the cause is discovered and removed. Do not forget this potent agency, and be ever on the lookout for it in puzzling cases.

CORRESPONDENCE.

Lanolin an Old Remedy.

EDS. MED. AND SURG. REPORTER:—

In a paragraph which appears in the June number of the *Druggist's Circular*, some one has brought to light the curious fact that the substance recently brought to notice under the name of lanolin by Prof. Leibreich, was known and its method of manufacture described by the ancients. Upon looking over an old book, published in 1685, in my possession, I find a very similar description to that alluded to, which, for the benefit of those who may not have seen it, I will copy verbatim:

"Oesipus, sordes, or filth sticking to the wool. It is thus prepared: Take the greasie Wool from the Neck, Shoulder-pits, and Thighs of the Sheep, put it into very warm water for eight or ten hours, then boyl and stir till all the fat or greasiness is in the water; press out the wool, pour the fat and filthy water from one vessel to another till it froth; let the froth settle, take away the fat that swims on the top; pour and re-pour it as before till it froth; which repeat so often till no more froth appear, nor fat swim at top; then take the fat with the froth, and

wash it up and down with the hands in clear water so often and so long till the filth is washed from it, which is when the water remains clear and the fat white, and being tasted, does not bite your tongue."

From which it would appear that the modern product, in point of color and odor at least, possesses no advantage over the ancient "oesipus."

In the chapter on "cerecloths" appears the formula for a cerate or ointment having this substance as the base, and bearing the title "*Ceratum Oesypatum Mesuæ*."

The excellent and, so thought, novel idea of treating skin diseases through the medium of "medicated soaps" also finds precedence in the following "soap against the itch," taken from the same book: "*Sapo ad Pruritus*." "Take sal regale 3ss.; burnt alum, Benjamin, liquid storax, ana ʒij.; flos. sulphuris ʒij.; storax, calamita, litharge, ana ʒss.; dock roots ʒj.; mercury precipitate gr. v.; oyl of cloves gtt. iij.; Venice soap q. s. Make wash balls," and others as "*Sapo Cosmeticus Prevotii*," etc., etc.

The history of invention and discovery everywhere and in all departments of science, gives unmistakable examples of this tendency to repeat itself, and from the above it would seem that the medical art furnishes no exception to the rule.

G. A. HILL, M. D.

Williamsport, Pa., June 9, 1886.

Amputation Above the Elbow.

EDS. MED. AND SURG. REPORTER:

On April 13, I was called to see Mr. Thos. Stites in consultation with Dr. L. Bush, of this place. He was suffering from gangrene of the left fourth finger. On inquiring into the history of the case, I learned that fifty-seven years ago, at the age of ten, he sustained a fracture of the left ulna, severing the olecranon process. The fracture was set, and upon uniting, there was a deformity. The adhesions were then broken up and the fracture was reset. The parts united by a capsular ligament, giving the joint a ball-and-socket motion. Apparently the blood-vessels and nerves had been injured, since there was a partial loss of sensation and impaired nutrition; the forearm and hand being considerably smaller than the corresponding parts of the opposite side. Not being able to check the gangrene, we decided to amputate the arm just above the elbow, which we did on April 21. In amputating I made the flaps by the method of Mr. Liston. Fearing some sloughing in consequence

of his age, I made them in length one-fourth the circumference of the limb. There was no sloughing, however, but enough contraction to form a good stump. Notwithstanding his age, at the end of four weeks the parts were healed with the exception of a small granulating surface externally. I prefer goodly-sized flaps, so that we will have something to fall back upon, since it would be much easier to remove a portion of a redundant stump than to reamputate, which latter is frequently necessitated in consequence of unlooked-for sloughing or contraction.

N. C. MILLER, M. D.

Stroudsburg, Pa., June 4, 1886.

Coffee a Cause of Pruritus and Leucorrhœa.

EDS. MED. AND SURG. REPORTER:

Seeing an editorial in the REPORTER, June 5, noticing observations of Dr. Brown-Séquard regarding the connection between coffee and pruritus in certain nervous subjects, I present two cases coming under my care, involving not only pruritus but also leucorrhœa. I have seen several since, but not so marked.

Case 1. A young lady, never accustomed to drink coffee at home, was sent to Germany to complete her education, went to a boarding-school, entirely isolated from family and friends, and had coffee three times a day as a common beverage. Within two weeks had an aggravated case of pruritus and leucorrhœa, which lasted despite treatment, during her two years' sojourn. Returning home, became entirely well within a short time, having had no coffee. The family breaking up a few years later, she went to board, resumed the habit, and the trouble returned. Numerous experiments proved the cause. To-day a cup of coffee in the morning will cause a return of the trouble before night.

Case 2. A young lady from the South, an habitual coffee-drinker, had pruritus and leucorrhœa since a child. Was never benefited by treatment. Coming under my care, I advised her to give up the habit. She did so, and received immediate benefit. Both were of a nervous temperament.

A. K. MACDONALD, M. D.

Princeton, N. J., June 14, 1886.

—The forty-five million population of the United States have 89 regular medical colleges, with about 10,000 medical students; 8 of these medical colleges have each from 300 to 600 students, and 7 of these colleges have from 200 to 300 students.

NEWS AND MISCELLANY.

Ninth International Medical Congress, Washington, 1887.

RULES FOR THE GOVERNMENT OF THE LOCAL COMMITTEE OF ARRANGEMENTS OF THE NINTH INTERNATIONAL MEDICAL CONGRESS.

The following order of business shall be observed:

1. Reading the minutes of the previous meeting.
2. Reports of sub-committees, in order.
3. Unfinished business.
4. New business.

Meetings.

The meetings shall be held at such time and place as the Chairman or, in his absence, the Secretary shall select.

A majority of the General Committee present at any meeting shall constitute a quorum authorized to do business.

No member shall be permitted to speak more than five minutes on a single question.

The Officers.

The officers of this committee shall consist of a Chairman, Vice-Chairman, Secretary, and Treasurer.

Duties of the Officers.

The Chairman shall preside at all meetings, preserve order according to parliamentary rule, approve the necessary requisitions and vouchers, and all official communications to the Executive Committee shall emanate from him. In the absence or disability of the Chairman, the Vice-Chairman shall perform the duties of the Chairman for the time being, and in the event of his absence or disability a Chairman *pro tempore* shall be elected by the committee.

The Secretary shall keep a true record of all proceedings, notify the members of the times and places of meeting, and such other duties connected with his office as the committee may, from time to time, direct.

There shall be elected a Treasurer, whose duty it shall be to receive from the Finance Committee all moneys collected for the expenses of the committee, and to pay the same by check on vouchers duly certified by the Chairman of the Committee of Arrangements and the Chairman of the Finance Committee. He shall deposit all sums of money received by him from whatever source in Riggs & Co.'s bank, keep book of deposits and vouchers of all payments made by him.

Sub-committees.

The following sub-committees shall be recognized :

1. Committee on Congressional Legislation.
2. Committee on Finance.
3. Committee on Printing.
4. Committee on Reception.
5. Committee on Entertainment.
6. Committee on Transportation.
7. Committee on Place of Meeting for Congress and its Sections.
8. Executive Committee.

*DUTIES OF SUB-COMMITTEES.**Committee on Congressional Legislation.*

To this committee will be assigned the work of applying to the Congress of the United States to aid in meeting the expenses of receiving and entertaining in a manner commensurate with the dignity and pride of the United States Government, the International Congress here in America.

Committee on Finance.

This committee will be entrusted with the duty of collecting funds from whatever source it may see proper to apply (the U. S. Congress excepted) for the expenses to be incurred by the Local Committee of Arrangements, and all moneys so collected must be paid into the hands of the Treasurer at the end of each week, the chairman of sub-committee taking a receipt for the same and keeping an account of source from whence collected.

Committee on Printing.

This committee shall have charge of all printing necessary for the official business of the committee, blank-books and stationery, and shall furnish the same to the various committees on requisition of the chairmen of sub-committees, approved by the Chairman of the Committee of Arrangements.

Committee on Reception.

This committee will be intrusted with the duty of making all suitable arrangements for the accommodation of members of the Congress, and establishment and maintenance of a bureau of information for the members and guests of the Congress.

Committee on Entertainment.

This committee shall devise and arrange such plan of excursions and other entertainments as they may see fit to propose to the General Committee for its adoption.

Committee on Transportation.

This committee shall have charge of all matters pertaining to transportation of mem-

bers of the Congress to and from the city of meeting, and of excursions, and shall see that accurate information upon this subject be supplied, not less than one month in advance, to all American members who may signify their purpose to attend the meeting in this city.

Committee on Place of Meeting for Congress and its Sections.

The duty of this committee will be to provide a suitable hall for the meeting of the Congress, as well as convenient and eligible rooms for the different Sections, and to make such arrangements as may be necessary for an easy access to the same by the members of the Congress.

Executive Committee.

The original committee of six, appointed by authority of the Executive Committee of the International Medical Congress, shall constitute an Executive Committee, whose duty it will be to act as an Advisory Board or Judicial Council, and determine the settlement of all miscellaneous questions referred to them.

All contracts involving expenditures by sub-committees shall be subject to the approval of the Executive Committee.

LOCAL COMMITTEE OF ARRANGEMENTS.

Chairman.—A. Y. P. Garnett, M. D.

Vice-Chairman.—J. M. Toner, M. D.

Secretary.—C. H. A. Kleinschmidt, M. D.

Treasurer.—D. C. Patterson, M. D.

EXECUTIVE COMMITTEE.

Dr. A. Y. P. Garnett, Dr. J. M. Toner, Dr. N. S. Lincoln, Dr. C. H. A. Kleinschmidt, Chief Medical Purveyor J. H. Baxter, U. S. Army; Surgeon-General F. M. Gunnell, U. S. Navy; Surgeon-General Robert Murray, U. S. Army; Supervising Surgeon-General J. B. Hamilton, U. S. Marine Hospital Service.

1. *Committee on Congressional Legislation.*—Drs. Garnett, Baxter, Walsh, Townsend, Toner, Lincoln, Hammett.

2. *Committee on Finance.*—Drs. G. L. Magruder, J. T. Young, Z. T. Sowers, J. W. Bulkley, T. C. Smith, J. W. Bayne, C. V. N. Callan.

3. *Committee on Printing.*—Drs. J. B. Hamilton, W. T. Hord, U. S. N.; Thos. Antisell, D. P. Woolhaupter, Ralph Walsh, H. D. Fry.

4. *Committee on Reception.*—Drs. J. M. Toner, S. O. Richey, H. B. Loring, I. C. Roese, Fairfax Irwin, M. H. S.; Louis Mackall, B. O. Skinner, U. S. A.

5. *Committee on Entertainment.*—Drs. N.

S. Lincoln, W. W. Godding, C. M. Hammett, W. O. Baldwin, G. W. Acker, D. R. Hagner, D. C. Patterson.

6. *Committee on Transportation*.—Drs. J. W. H. Lovejoy, Armistead Peter, W. H. Taylor, Geo. W. Stoner, M. H. S.; R. Reynburn, Sr., E. M. Schaefer.

7. *Committee on Place of Meeting for Congress and Sections*.—Drs. D. C. Patterson, J. F. Hartigan, C. W. Franzoni, Chas. Smart, U. S. A.; J. O. Stanton, W. H. Hawkes, Lachlan Tyler.

How the Founder of the Society of Friends Set a Dislocated Neck.

The *Med. Record* says: "In an interesting and scholarly address by Dr. J. J. Levick, on the 'Early Physicians of Philadelphia,' he tells us how George Fox traveled through New Jersey and New England, keeping a faithful journal of all that occurred. 'In 1672 he was passing through New Jersey, then but sparsely settled. He had spent the day with Richard Hartshorne, at Middletown Harbor (the ancestor, if I mistake not, of one of our present Board of Managers, and of three physicians of that name who have so well served this hospital), and next morning went on to Shrewsbury. "While at Shrewsbury," writes Fox, "an accident befell which for a time was a great exercise to us. One John Jay, a Friend of Barbadoes, who came with us from Road Island, being to trie a horse got upon his back, and the horse fell a running and cast him down upon his head, and brake his neck, as the people said. They that were near him took him up dead, and carried him a good way, and laid him on a tree. I got to him as soon as I could, and feeling on him, concluded he was dead. As I stood by him, pitying him and his family, I took hold of his hair, and his head turned anyway, it was so limber. Whereupon throwing away my stick and my gloves, I took his head in both my hands, and setting my knees against the tree, I raised his head and perceived there was nothing out or broken that way. Then I put one hand under his chin and the other behind his head, and raised his head two or three times with all my strength and brought it in. I soon perceived his neck began to grow stiff again, and then he began to rattle in his throat, and quickly after to breathe. The people were amazed, but I bid them have a good heart and be of good faith; to carry him in the house, give him something warm to drink, and put him to bed. After he had been in the house awhile he began to speak, but did not know where

he had been. The next day he was pretty well, and many hundreds of miles did he travel with us after this.'"

Spanish Medicine.

The *Lancet*, May 8, says:

Don Luis Comenge has recently published a Spanish work, entitled "Medical Curiosities, preceded by a Discourse on the Flourishing Condition of Spanish Medicine in the Sixteenth Century and its Subsequent Decadence." Though entitled "Curiosities," there is much serious medical history which, as a reviewer in *El Genio Medico Quirurgico* says, deserves to be read and pondered over, such as descriptions of those who have contributed in past ages to the advancement of medical knowledge, and accounts of their doctrines and works. One chapter is devoted to the history of variolous inoculation, which was commenced in Spain, by Dr. O. Scanlan, and a parallel is drawn between the arguments of the anti-inoculationists of those days and the anti-vaccinationists of the present time, together with the opponents of Ferran's anti-cholera inoculations. With regard to decadence of Spanish medicine since the sixteenth century, the reviewer referred to remarks: "Until instruction undergoes a complete change, we shall not advance a step in the direction of progress. Medicine has for some years been in the stage of pure experimentalism, and we Spaniards experiment but little or not at all. In the profession there are, it is true, many men of profound knowledge, who are an honor to contemporary medicine; but there are still others who talk to their students about the pathogenetic importance of phlegm, and lecture on typhus, cholera, and other infectious diseases just as teachers at the commencement of this century might have done." With such elements in the professional staffs, the author and reviewer agree that but little progress is to be hoped for.

The Influence of Water on Nutrition.

At a recent meeting of the Société Médicale des Hôpitaux (Paris), M. Debove stated that so many objections had been raised against the method which he had adopted in making his experiments to ascertain the influence of water on nutrition, that he had subsequently made a fresh series of control experiments. In this series, he had selected none but perfectly healthy individuals. These persons were fed on raw meat, new bread, and water. Either raw meat or meat

boiled to shreds must be given, because both the chemical constitution and nutritive qualities of meat vary according to the way in which it is prepared. The daily bread should always be equally well baked. M. Flameng, M. Debove's house-surgeon, adopted a uniform diet for thirty-eight days. When he reached a weight that remained stationary, the allowance of water was doubled and trebled, but the rations of bread and meat remained the same. During the second part of the experiment, neither the weight nor the excretion of urea increased. Two other persons were submitted to the same treatment. Their weight also remained stationary, as did the quantity of urea excreted. M. Debove therefore concluded that the ingestion of more or less large quantities of water did not exert any influence on nutrition, when the quantity reached a certain degree. He admitted, with Dr. Dujardin-Beaumetz, that entire abstinence from water would disturb the digestive faculties. Therefore, persons deprived of water grew thin.

Artificial Coloring Matters in Wine.

Dr. C. Blarez sends to the Bordeaux Medical and Surgical Society, in support of his candidature, a paper embodying the results of various observations he has made on the subject of the noxious effects produced by drinking liquids colored with certain coloring matters derived from coal. Many of the observations were made on persons who, being medical or pharmaceutical students, were excellent subjects for the purpose. A number of experiments were also made by artificially carrying on the process of digestion with and without the addition of the coloring matters in question. The conclusions arrived at were that sulpho-fuchsin, which seems to be used for the coloration of wine, though it can hardly be looked upon as a poison, is nevertheless capable of setting up a good deal of gastric disturbance, especially if taken habitually by persons whose digestive powers are not very strong, the symptoms produced being generally colic and diarrhoea. The author found that this substance, as well as "Bordeaux red" and safranin, distinctly retarded the peptonization of muscular fibrin.

Electricity in Physiology.

Dr. Stone, in his Lumleian Lectures, has certainly not wanted the courage of his opinions. He has approached the study of the electrical condition of the human body from the purely physical side, and has ex-

posed unsparingly the fallacies into which he believes physiologists have been led, by neglecting thoroughly to understand the physical characteristics of the force which they have used. His contention is, that a force, whose phenomena are undoubtedly very complicated, and but imperfectly understood, has been used for the study of phenomena even more complicated and less understood. The science of electricity, partly, it must be admitted, under the stimulus of commercial necessities, has, in recent years, made great progress, and some of its discoveries and inventions, it is said, place in the hands of physiologists new and more accurate instruments of research, and refined methods of eliminating fallacies. Modern students of medicine are increasingly overwhelmed with details about the electrical phenomena of muscles, and so forth, and Dr. Stone's lectures may, perhaps, serve to suggest to teachers of physiology the advisability of ceasing the customary annual increment of facts of this class, which so remotely affect practical medicine, until their truth is a little better established.

Unqualified Masseuses in Vienna.

A Vienna medical journal complains bitterly of the patronage afforded to quackery in the form of massage by medical men of the highest position—professors, lecturers, and others—who assist in setting up their female relatives or servants in business for themselves as *masseuses*. Massage is not a treatment which can safely be trusted to a lay person. It requires a knowledge not only of normal anatomy, but of the nature and course of the disease from which the patient is suffering. As these persons frequently practice without reference to a medical man, it is not surprising that they sometimes go on "massaging" a malignant tumor or a case of tuberculous periostitis for weeks or months, and so do a great deal of harm. "It is a great pity," continues the journal referred to, "that people have taken it into their heads that it is undignified for a physician to practice massage. Men like Messen-geil in Bonn, Busch in Berlin, Bergmann in Stockholm, Johnsohn in Copenhagen, etc., have not been above practicing massage. It is greatly to be desired that the medical authorities may see their way, in the interest of the suffering public, to bring this new form of quackery within narrower bounds."

The Imperial University of Japan.

The Imperial University of Japan has

which
ed, by
d the
which
hat a
otely
y un-
d less
artly,
us or
years,
iscov-
n the
urate
rhods
nts of
with
na of
lec-
each-
asing
ts of
tical
etter

been recently reorganized. One of its most important departments is the College of Medicine, which is presided over by Dr. Miyake. The main course of instruction is modeled after that in the German medical colleges; the foreign professors, of whom there are at present also five, are also German. The course covers a period of four years, and the preparatory course three years more. There is also a course of lectures delivered in the vernacular, which is called the special course. The total number of students last year was nine hundred and seventy-two. The medical school of Japan is eleven hundred years old. In its early days it was presided over by a superintendent and an assistant, under whom there was one professor of medicine, one of acupuncture, one of massage, one of diseases of women, a teacher of materia medica, botanists, and a number of physicians. The whole course covered seven years.

A Russian View of the Berlin M. D.

The Berlin correspondent of a Russian medical journal makes merry over the mediævalism still lingering in Prussian universities, and especially over the ceremony of the disputation for the doctor's degree, with the dean in his red robes merely playing propriety with classical Latin phrases, and the candidate with his three "friend opponents," who have settled with him about the subjects to be discussed beforehand. All this, says the correspondent, is very different from the procedure in Russia, where there are no traditions handed down from the middle ages to be attended to, and the professors are much stricter about allowing candidates to pass, besides which the young aspirant has, instead of friendly opponents as youthful as himself, masters of the art of wrangling to contend against. Altogether, the writer seems to think it hard that the title of doctor can be obtained on so much easier terms abroad than in Russia. Comparisons are proverbially odious. It would be instructive to see what Berlin graduates acquainted with the proceedings at Russian universities have to reply to the criticisms of their Russian visitor.

A Simple Method of Keeping the Hypodermic Syringe in Order.

Dr. D. Tod Gilliam, of Columbus, O., writes to the *Med. Record*: "A simple and efficient method for keeping the hypodermic syringe in order is as follows: Draw out the piston-rod, immerse the syringe in water,

then push the piston home, when the chamber of the syringe back of the piston-head will be found filled with water which entered at the orifice through which the rod plays. This will not leak out, will keep your syringe in prime order, ready for any emergency, and will save money as well as annoyance by enabling you to use a syringe that would otherwise be discarded. As the device is so simple, entails no trouble, and the syringe being once filled need not be looked after for weeks or months if need be, I thought it worth mentioning."

A Child Poisoned by the Nurse's Cosmetic.

The *Med. News* says that a German practitioner being called to see a child five weeks old who was constantly crying and suffering from colic, and whose skin was of a dull bluish tint, was somewhat puzzled as to diagnosis, until, looking at the nurse's face, and seeing it of a brilliant white and red tint, he touched the surface, which left a greasy stain on his fingers of a cosmetic rich in lead. This poisonous substance the nurse had long been in the habit of using for the purpose of improving her complexion. The cause of the child's colic being removed, and appropriate treatment adopted, a cure was effected in a few days.

The Cocaine Habit.

The *Med. Record* says that no drug with so short a history has gotten hold of so many victims as cocaine. We fear that the cocaine habit has a great and gloomy future before it. It is a habit more easily acquired and one which ruins body and mind even more quickly than does morphine. We make these comments *a propos* of a shocking case recently reported in a city in Central New York. A physician and his daughter were reported to have gone to a hotel and there have exhibited almost maniacal symptoms from the effects of cocaine. Both had been taking it in immense doses subcutaneously for some time.

Effect of Light on Bacillus Anthracis.

According to M. Arloing, gas-light is slightly prejudicial to the growth of the bacillus anthracis. The sunlight of summer suppresses the vegetation of the spores if the rays of light can penetrate easily the fluid media that hold the bacillus in suspension. Sunlight also interferes with the growth of the mycelium, and is an agent as effective as heat for the attenuation of the

bit-
kery
en of
rers,
their
for
ot a
to a
not
ture
pa-
fre-
me-
mor
eks
rm.
nal
into
phy-
sen-
a in
etc.,
It
au-
t of
orm
has

virus of charbon. The effect of sunlight is due to the action of all its component rays; the effects are proportional to the intensity of the light and the transparency of the media.

Extraordinary Subject for a Prize Essay.

The Paris Academy of Medicine has chosen an extraordinary, not to say an impossible subject for a prize essay this year, "Préciser par une Série d'Observations s'il existe un Traitement Abortif de la Syphilis Confirmée," (to determine by a series of observations if there exists an abortive treatment of confirmed syphilis), upon which M. Diday has suggested that the Academy must have been seized with an economical fit, and that it would be interesting to see if any one could manage to write a paper of 400 pages of abortive treatment directed against confirmed syphilis.

Therapeutic Notes.

SUMMER CHOLERA.

In the summer diarrhoea of infants and in cholera morbus, a well-ordered diet is of the highest importance. Among other articles, "Nestle's Milk Food," which is advertised on another page, occupies a deservedly high rank as a bland and nutritious food for delicate stomachs.

The New York *Medical Journal* states that in the large class of summer diarrhoeas of children and adults, with griping in the bowels and flatulence, the use of Listerine, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect.

Old Age in St. Petersburg Poorhouse.

According to the *Novosti* a man has just died in the St. Petersburg poorhouse at the age of 122; he had been an inmate since 1818. He retained his senses to the last. Indeed, it was only about four years ago that he seemed to fail at all, having till then enjoyed excellent health. There is still living in the poorhouse a soldier's wife, who is shown by documentary evidence to be fully 110 years of age.

On the Alleged Fragility of the Bones of General Paralytics.

T. Christian says (*Journal of Mental Science*, vol. xxxi., p. 453,) that out of 250 general paralytics under treatment, not a single case of fracture occurred. General paralysis does not in itself entail any in-

creased fragility of the bones, and osteomalakia, when present, is a purely accidental phenomenon, the result of other causes.

Items.

—In the *Jour. Am. Med. Ass.*, May 8, Dr. Wm. G. Eggleston reports two cases of reflex paraplegia (one with aphasia), from tape-worm and phimosis.

—It is said that stove-pipes can be cleaned by putting a piece of zinc on the coals of a hot fire. The vapor produced carries off the soot by chemical decomposition.

—The Municipal Council of Paris has voted the sum of 4,500 francs to defray the expense incident to making a complete statistical review of the cholera epidemic of 1884-1885, in that city.

—The Mississippi Valley Medical Society will hold its next meeting at Quincy, Illinois, in the court house, July 13, 14, and 15. Special fares on railroads can be obtained by addressing the Secretary, Dr. Robbins, at Quincy.

—On the occasion of the tercentenary festival of the University of Heidelberg, a gold medal was founded for contribution to the scientific knowledge of the human eye. The first award has now been made to Professor Helmholtz, of Berlin, for his discovery of the ophthalmoscope.

—Mr. Leland Sanford, wife of the millionaire Senator from California, has purchased a piece of land on Washington Avenue, Albany, adjoining the site of the old Lathrop mansion, and it is stated on the whole property she will erect a handsome and well-appointed hospital for old men and women, as a memorial of her parents.

—A subscription for the purpose of encouraging researches in the therapeutics of tuberculosis has been opened by the *Gazette Hebdomadaire de Médecine et de Chirurgie*, of Paris. The idea of a subscription for this purpose was suggested by M. Verneuil, and in a few days the sum of over four thousand francs was raised.

—In the *Lyon Médical* and *Journal de Médecine* for March 27, Aubert states that headache and coryza resulting from full doses of iodide of potassium can be prevented by using belladonna. In one instance, in which five grammes of the iodide were administered daily, six grammes of extract of belladonna were also given. A few days later the belladonna was discontinued, and iodism did not return.